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CONSTRUCTIONS IN ANALYSIS

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I

It has always seemed to me to be greatly to the credit of a certain well-known man of science that he treated psycho-analysis fairly at a time when most other people felt themselves under no such obligation. On one occasion, nevertheless, he gave expression to an opinion upon analytic technique which was at once derogatory and unjust. He said that in giving interpretations to a patient we treat him upon the famous principle of ' Heads I win, tails you lose '. That is to say, if the patient agrees with us, then the interpretation is right ; but if he contradicts us, that is only a sign of his resistance, which again shews that we are right. In this way we are always in the right against the poor helpless wretch whom we are analysing, no matter how he may respond to what we put forward. Now, since it is in fact true that a ' No ' from one of our patients is not as a rule enough to make us abandon an interpretation as incorrect, a revelation such as this of the nature of our technique has been most welcome to the opponents of analysis. It is therefore worth while to give a detailed account of how we are accustomed to arrive at an assessment of the ' Yes ' or ' No ' of our patients during analytic treatment—of their expression of agreement or of denial. The practising analyst will naturally learn nothing in the course of this apologia that he does not already know.

It is familiar ground that the work of analysis aims at inducing the patient to give up the repressions (using the word in the widest sense) belonging to his early life and to replace them by reactions of a sort that would correspond better to a mentally mature condition.

It is with this aim in view that he must be got to recollect certain experiences and the emotions called up by them which he has at the moment forgotten. We know that his present symptoms and inhibitions are the consequences of repressions of this kind: that is, that they are a substitute for these things that he has forgotten. What sort of material does he put at our disposal which we can make use of to put him on the way to recovering the lost memories? All kinds of things. He gives us fragments of these memories in his dreams, invaluable in themselves but seriously distorted as a rule by all the factors concerned in the formation of dreams. Again, he produces ideas, if he gives himself up to ' free association ', in which we can discover allusions to the repressed experiences and derivatives of the suppressed emotions as well as of the reactions against them. And, finally, there are hints of repetitions of the affects belonging to the repressed material to be found in actions performed by the patient, some important, some trivial, both inside and outside the analytic situation. Our experience has shewn that the relation of transference which becomes established towards the analyst is particularly calculated to favour the reproduction of these emotional connections. It is out of such raw material—if we may so describe it—that we have to put together what we are in search of.

What we are in search of is a picture of the patient's forgotten years that shall be alike trustworthy and in all essential respects complete. But at this point we are reminded that the work of analysis consists of two quite different portions, that it is carried on in two separate localities, that it involves two people, to each of whom a distinct task is assigned. It may for a moment seem strange that such a fundamental fact should not have been pointed out long ago; but it will immediately be perceived that there was nothing being kept back in this, that it is a fact which is universally known and even self-evident and is merely being brought into relief here and separately examined for a particular purpose. We all know that the person who is being analysed has to be induced to remember something that has been experienced by him and repressed; and the dynamic determinants of this process are so interesting that the other portion of the work, the task performed by the analyst, has been pushed into the background. The analyst has neither experienced nor repressed any of the material under consideration; his task cannot be to remember anything. What then *is* his task? His task is to make out what has been forgotten from the traces which it has left behind or, more correctly, to *construct* it. The

time and manner in which he conveys his constructions to the person who is being analysed, as well as the explanations with which he accompanies them, constitute the link between the two portions of the work of analysis, between his own part and that of the patient.

His work of construction, or, if it is preferred, of reconstruction, resembles to a great extent an archæologist's excavation of some dwelling-place that has been destroyed and buried or of some ancient edifice. The two processes are in fact identical, except that the analyst works under better conditions and has more material at his command to assist him, since what he is dealing with is not something destroyed but something that is still alive, and perhaps for another reason as well. But just as the archæologist builds up the walls of the building from the foundations that have remained standing, determines the number and position of the columns from digging in the earth and reconstructs the mural decorations and paintings from the remains found in the débris, so does the analyst proceed when he draws his inferences from the fragments of memories, from the associations and from the behaviour of the subject of the analysis. Both of them have an undisputed right to reconstruct by means of supplementing and combining the surviving remains. Both of them, moreover, are subject to many of the same difficulties and sources of error. One of the most ticklish problems that confronts the archæologist is notoriously the determination of the relative age of his finds ; and if an object makes its appearance in some particular level, it often remains to be decided whether it belongs to that level or whether it was carried down to that level owing to some subsequent disturbance. It is easy to imagine the corresponding doubts that arise in the case of analytic constructions.

The analyst, as we have said, works under more favourable conditions than the archæologist since he has at his disposal material which can have no counterpart in excavations, such as the repetitions of reactions dating from infancy and all that emerges in connection with these repetitions through the transference. But in addition to this it must be borne in mind that the excavator is dealing with destroyed objects of which large and important portions have quite certainly been lost, by mechanical forces, by fire and by plundering. No amount of effort can result in their discovery, so that they can be united with the surviving fragments. The one and only course left open is that of reconstruction, which for this very reason can often reach only a certain degree of probability. But it is different with the mental object whose early history the analyst is seeking to recover.

Here we are regularly met by a situation which in archæology occurs only in such rare circumstances as those of Pompeii or of the tomb of Tutankhamen. All of the essentials are preserved, even things that seem completely forgotten are present somehow and somewhere, and have merely been buried and made inaccessible to the subject. Indeed, it may, as we know, be doubted whether any mental structure can really be the victim of total destruction. It depends only upon analytic technique whether we shall succeed in bringing what is concealed completely to light. There are only two other facts that weigh against the extraordinary advantage which is thus enjoyed by the work of analysis : namely, that mental objects are incomparably more complicated than the excavator's material ones and that we have insufficient knowledge of what we may expect to find, since its finer structure contains so much that is still mysterious. But our comparison between the two forms of work can go no further than this ; for the main difference between them lies in the fact that for the archæologist the reconstruction is the aim and end of his endeavours while for analysis the construction is only a preliminary labour.

II

It is not, however, a preliminary labour in the sense that the whole of it must be completed before the next piece of work can be begun, as, for instance, is the case with house-building, where all the walls must be erected and all the windows inserted before the internal decoration of the rooms can be taken in hand. Every analyst knows that things happen differently in an analytic treatment and that there both kinds of work are carried on side by side, the one kind being always a little ahead and the other following upon it. The analyst finishes a piece of construction and communicates it to the subject of the analysis so that it may work upon him ; he then constructs a further piece out of the fresh material pouring in upon him, deals with it in the same way and proceeds in this alternating fashion until the end. If, in accounts of analytic technique, so little is said about ' constructions ', that is because ' interpretations ' and their effects are spoken of instead. But I think that ' construction ' is by far the more appropriate description. ' Interpretation ' applies to something that one does to some single element of the material, such as an association or a parapraxis. But it is a ' construction ' when one lays before the subject of the analysis a piece of his early history that he has forgotten, in some such way as this : ' Up to your *n*th year you regarded yourself

as the sole and unlimited possessor of your mother ; then came another baby and brought you grave disillusionment. Your mother left you for some time, and even after her reappearance she was never again devoted to you exclusively. Your feelings towards your mother became ambivalent, your father gained a new importance for you ', . . . and so on.

In the present paper our attention is turned exclusively to this preliminary labour performed by constructions. And here, at the very start, the question arises of what guarantee we have while we are working on these constructions that we are not making mistakes and risking the success of the treatment by putting forward some construction that is incorrect. It may seem that no general reply can in any event be given to this question ; but even before discussing it we may lend our ear to some comforting information that is afforded by analytic experience. For we learn from it that no damage is done if, for once in a way, we make a mistake and offer the patient a wrong construction as the probable historic truth. A waste of time is, of course, involved, and anyone who does nothing but present the patient with false combinations will neither create a very good impression on him nor carry the treatment very far ; but a single mistake of the sort can do no harm. What in fact occurs in such an event is rather that the patient remains as though he were untouched by what has been said and reacts to it with neither a ' Yes ' nor a ' No '. This may possibly mean no more than that his reaction is postponed ; but if nothing further develops we may conclude that we have made a mistake and we shall admit as much to the patient at some suitable opportunity without sacrificing any of our authority. Such an opportunity will arise when some new material has come to light which allows us to make a better construction and at the same time to correct our error. In this way the false construction drops out, as though it had never been made ; and, indeed, we often get an impression as though, to borrow the words of Polonius, our bait of falsehood had taken a carp of truth. The danger of our leading a patient astray by suggestion, by persuading him to accept things which we ourselves believe but which he ought not to, has certainly been enormously exaggerated. An analyst would have had to behave very incorrectly before such a misfortune could overtake him ; above all, he would have to blame himself with not allowing his patients to have their say. I can assert without boasting that such an abuse of ' suggestion ' has never occurred in my practice.

It already follows from what has been said that we are not at all inclined to neglect the indications that can be inferred from the patient's reaction when we have offered him one of our constructions. The point must be gone into in detail. It is true that we do not accept the ' No ' of a person under analysis at its face value ; but neither do we allow his ' Yes ' to pass. There is no justification for accusing us of invariably twisting his remarks into an assent. In reality things are not so simple and we do not make it so easy for ourselves to come to a conclusion.

A plain ' Yes ' from a patient is by no means unambiguous. It can indeed signify that he recognizes the correctness of the construction that has been presented to him ; but it can also be meaningless, or can even deserve to be described as ' hypocritical ', since it may be convenient for his resistance to make use of an assent in such circumstances in order to prolong the concealment of a truth that has not been discovered. The ' Yes ' has no value unless it is followed by indirect confirmations, unless the patient, immediately after his ' Yes ', produces new memories which complete and extend the construction. Only in such an event do we consider that the ' Yes ' has dealt completely with the subject under discussion.

A ' No ' from a person in analysis is no more unambiguous than a ' Yes ', and is indeed of even less value. In some rare cases it turns out to be the expression of a legitimate dissent. Far more frequently it expresses a resistance which may have been evoked by the subject-matter of the construction that has been put forward but which may just as easily have arisen from some other factor in the complex analytic situation. Thus, a patient's ' No ' is no evidence of the correctness of a construction, though it is perfectly compatible with it. Since every such construction is an incomplete one, since it covers only a small fragment of the forgotten events, we are free to suppose that the patient is not in fact disputing what has been said to him but is basing his contradiction upon the part that has not yet been discovered. As a rule he will not give his assent until he has learnt the whole truth—which often covers a very great deal of ground. So that the only safe interpretation of his ' No ' is that it points to incompleteness ; there can be no doubt that the construction has not told him everything.

It appears, therefore, that the direct utterances of the patient after he has been offered a construction afford very little evidence upon the question whether we have been right or wrong. It is of all the greater

interest that there are indirect forms of confirmation which are in every respect trustworthy. One of these is a form of words that is used (almost as though there were a conspiracy) with very little variation by the most different people : ' I've never thought (or, I should never have thought) that (or, of that) '. This can be translated without any hesitation into : ' Yes, you've hit the *unconscious* right this time.' Unfortunately this formula, which is so welcome to the analyst, reaches his ears more often after single interpretations than after he has produced an extensive construction. An equally valuable confirmation is implied (expressed this time positively) when the patient answers with an association which contains something similar or analogous to the subject-matter of the construction. Instead of taking an example of this from an analysis (which would be easy to find but lengthy to describe) I prefer to give an account of a small extra-analytical experience which presents a similar situation so strikingly that it produces an almost comic effect. It concerned one of my colleagues who—it was long ago—had chosen me as a consultant in his medical practice. One day, however, he brought his young wife to see me, as she was causing him trouble. She refused on all sorts of pretexts to have sexual relations with him, and what he expected of me was evidently that I should lay before her the consequences of her ill-advised behaviour. I went into the matter and explained to her that her refusal would probably have unfortunate results for her husband's health or would lay him open to temptations that might lead to a break-up of their marriage. At this point he suddenly interrupted me with the remark : ' The Englishman you diagnosed as suffering from a cerebral tumour has died too.' At first the remark seemed incomprehensible ; the ' too ' in his sentence was a mystery, for we had not been speaking of anyone else who had died. But a short time afterwards I understood. The man was evidently intending to confirm what I had been saying ; he was meaning to say : ' Yes, you're certainly quite right. Your diagnosis was confirmed in the case of the other patient too.' It was an exact parallel to the indirect confirmations that we obtain in analysis from associations. I will not attempt to deny that there were other thoughts as well, put on one side by my colleague, which had a share in determining his remark.

Indirect confirmation from associations that fit in with the content of a construction—that give us a ' too ' like the one in my story—provide a valuable basis for judging whether the construction is likely to be confirmed in the course of the analysis. It is particularly striking

when a confirmation of this kind slips into a direct denial by means of a parapraxis. I once published elsewhere a nice example of this. The name ' Jauner ' (a familiar one in Vienna) came up repeatedly in one of my patient's dreams without a sufficient explanation appearing in his associations. I finally put forward the interpretation that when he said ' Jauner ' he probably meant ' Gauner ' [swindler], whereupon he promptly replied : ' That seems to me too " jewagt " [instead of " gewagt " (far-fetched)].' Or there was the other instance, in which, when I suggested to a patient that he considered a particular fee too high, he meant to deny the suggestion with the words ' Ten dollars mean nothing to me ' but instead of dollars put in a coin of lower denomination and said ' ten shillings '.

If an analysis is dominated by powerful factors that impose a negative therapeutic reaction, such as a sense of guilt, a masochistic need for suffering or a striving against receiving help from the analyst, the patient's behaviour after he has been offered a construction often makes it very easy for us to arrive at the decision that we are in search of. If the construction is wrong, there is no change in the patient ; but if it is right or gives an approximation to the truth, he reacts to it with an unmistakable aggravation of his symptoms and of his general condition.

We may sum the matter up by asserting that there is no justification for the reproach that we neglect or underestimate the importance of the attitude taken up by those under analysis towards our constructions. We pay attention to them and often derive valuable information from them. But these reactions on the part of the patient are rarely unambiguous and give no opportunity for a final judgement. Only the further course of the analysis enables us to decide upon the correctness or uselessness of our constructions. We do not pretend that an individual construction is anything more than a conjecture which awaits examination, confirmation or rejection. We claim no authority for it, we require no direct agreement from the patient, nor do we argue with him if at first he denies it. In short, we conduct ourselves upon the model of a familiar figure in one of Nestroy's farces—the man-servant who has a single answer on his lips to every question or objection : ' In the course of future developments everything will become clear.'

III

It is hardly worth while describing how this occurs in the process of the analysis—the way in which our conjecture is transformed into

the patient's conviction. All of this is familiar to every analyst from his daily experience and is intelligible without difficulty. Only one point requires investigation and explanation. The path that starts from the analyst's construction ought to end in the patient's recollection ; but it does not always lead so far. Often enough we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory. The problem of what the circumstances are in which this occurs and of how it is possible that what appears to be an incomplete substitute should nevertheless produce a complete result—all of this is material for a later enquiry.

I shall conclude this brief paper with a few remarks which open up a wider perspective. I have been struck by the manner in which, in certain analyses, the communication of an obviously apt construction has evoked in the patients a surprising and at first incomprehensible phenomenon. They have had lively recollections called up in them—which they themselves have described as ' more than clear '—but what they have recollected has not been the event that was the subject of the construction but details relating to that subject. For instance, they have recollected with abnormal sharpness the faces of the people involved in the construction or the rooms in which something of the sort might have happened, or, a step further away, the furniture in such rooms—on the subject of which the construction had naturally no possibility of any knowledge. This has occurred both in dreams immediately after the construction had been put forward and in waking states of the nature of a day-dream. These recollections have themselves led to nothing further and it has seemed plausible to regard them as the product of a compromise. The ' upward drive ' of the repressed, stirred into activity by the putting forward of the construction, has striven to carry the important memory-traces into consciousness ; but a resistance has succeeded—not, it is true, in *stopping* that movement—but in *displacing* it on to adjacent objects of minor significance.

These recollections might have been described as hallucinations if a belief in their actual presence had been added to their clearness. The importance of this analogy seemed greater when I noticed that true hallucinations occasionally occurred in other cases which were certainly not psychotic. My line of thought proceeded as follows.

Perhaps it may be a general characteristic of hallucinations to which sufficient attention has not hitherto been paid that in them something that has been experienced in infancy and then forgotten re-emerges—something that the child has seen or heard at a time when it could still hardly speak and that now forces its way into consciousness, probably distorted and displaced owing to the operation of forces that are opposed to this re-emergence. And, in view of the close relation between hallucinations and particular forms of psychosis, our line of thought may be carried still further. It may be that the delusions into which these hallucinations are so constantly incorporated may themselves be less independent of the upward drive of the unconscious and the return of the repressed than we usually assume. In the mechanism of a delusion we stress as a rule only two factors : the turning away from the real world and its forces on the one hand and the influence exercised by wish-fulfilment upon the subject-matter of the delusion on the other. But may it not be that the dynamic process is rather that the turning away from reality is exploited by the upward drive of the repressed in order to force its subject-matter into consciousness, while the resistances stirred up by this process and the tendency to wish-fulfilment share the responsibility for the distortion and displacement of what is recollected ? This is after all the same as the familiar mechanism of dreams, which intuition has for ages long likened to madness.

This view of delusions is not, I think, entirely new, but it nevertheless emphasizes a point of view which is not usually brought into the foreground. The essence of it is that there is not only *method* in madness, as the poet has already perceived, but also a fragment of historic truth ; and it is plausible to suppose that the compulsive belief attaching to delusions derives its strength precisely from infantile sources of this kind. All that I can produce to-day in support of this theory are reminiscences not fresh impressions. It would probably be worth while to make an attempt to study cases of the disorder in question on the basis of the hypotheses that have been here put forward and also to carry out their treatment upon the same lines. The vain effort would be abandoned of convincing the patient of the error of his delusion and of its contradiction of reality ; and, on the contrary, the recognition of its kernel of truth would afford common ground upon which the therapeutic process could develop. That process would consist in liberating the fragment of historic truth from its distortions and its attachments to the actual present day and in

leading it back to the point in the past to which it belongs. The transposing of material from a forgotten past on to the present or on to an expectation of the future is indeed a habitual occurrence in neurotics no less than in psychotics. Often enough, when a neurotic is led by an anxiety-state to expect the occurrence of some terrible event, he is in fact merely under the influence of a repressed memory (which is seeking to enter consciousness but cannot become conscious) that something which was at that time terrifying did really happen. I believe that we should gain a great deal of valuable knowledge from work of this kind upon psychotics even if it led to no therapeutic success.

I am aware that it is of small service to handle so important a subject in the cursory fashion that I have here employed. But none the less I have not been able to resist the seduction of an analogy. The delusions of patients appear to me to be the equivalents of the constructions which we build up in the course of an analytic treatment—attempts at explanation and cure, though it is true that these, under the conditions of a psychosis, can do no more than replace the fragment of reality that is being repudiated in the present by another fragment that had already been repudiated in the remote past. It will be the task of each individual investigation to reveal the intimate connections between the material of the present repudiation and that of the original repression. Just as our construction is only effective because it recovers a fragment of lost experience, so the delusion owes its convincing power to the element of historic truth which it inserts in the place of the rejected reality. In this way a proposition which I originally asserted only of hysteria would apply also to delusions—namely, that those who are subject to them are suffering from their own recollections. I never intended by this short formula to dispute the complexity of the causation of the illness or to exclude the operation of many other factors.

If we consider mankind as a whole and substitute it for the single human individual, we discover that it too has developed delusions which are inaccessible to logical criticism and which contradict reality. If, in spite of this, they are able to exert an extraordinary power over men, investigation leads us to the same explanation as in the case of the single individual. They owe their power to the element of historic truth which they have brought up from the repression of the forgotten and primeval past.

AFFECTS, PASSIONS AND TEMPERAMENT

BY

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I

Affects and their Development [1]

For the honour conferred upon me by your invitation to speak to-day on the theory of affects I am, I think, indebted to the fact that my researches link up with trains of thought initiated long ago by Freud. This demonstrates the truth that not only in our analytic therapy do we always go back to childhood but that every science must remain conscious of its beginnings. It is not a matter of making a dry, so to speak philological, inquiry into its origins but of once more taking up an old line of thought, which may daily and hourly assist us to bring our practical endeavours to fruition. At the very beginning of his work Freud pointed out the importance of ' strangulated affects ' but, since then, he has seldom dealt with affects as a whole. He turned his attention first to the theory of instinct and later to the formation of the super-egos. To-day, however, I propose to ask the following questions: What are these affects of which the vicissitudes may be so important ? How do they originate ? What is the usual course of their development ?

From both the phylogenetic and the ontogenetic standpoint the problems with which we have to deal concern a part of the ego. For, whilst the id-forces, the instincts, maintain a continuous or rhythmic flow, corresponding to the vital processes at work in our organs, affects represent reactions to stimuli from the external world. Affects are typical responses to typical demands, responses handed down from one generation to another in the form of potentialities. That is to say, they do not belong to the personal ego which comes into existence in every individual life but are an important part of the impersonal ego.

When we wish to explain some natural phenomenon, we are obliged to study its origin. So in our present inquiry we must not begin with that final form of the affect, which is almost entirely confined to the

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[1] Read at the Vienna Psycho-Analytical Institute on the occasion of Professor Freud's eightieth birthday, May 6, 1936.

mental sphere and manifests itself as an affective tone or emotional colouring. On the contrary, we must take as our starting-point that which we can observe at any moment in a child's life and which we not infrequently meet with besides in adults in special situations, though generally in a somewhat modified form. I refer to affective attacks. By this I mean combinations of movements which take a characteristic form in the case of each affect : affective manifestations or processes, that go along with specific mental experiences—i.e. affective experiences. Most psychologists begin with these very obscure internal processes. We shall follow Darwin, who explained affective movements phylogenetically as the repetition of attempts to master stimuli, attempts which, formerly, in our ancestors, were adapted to their purpose, but need no longer be so to-day. He saw them as relics, analogous to the vestiges of formerly important organs. Our conception of the origin and history of the affects is nowadays, however, more complicated than his.

Are the affects really reactions ? In children we still see them as such. But in later life anxiety is apparently continuous in the anxious-minded, the pessimist is permanently melancholy and the cheerful man consistently buoyant. How does an isolated reaction become a continuous state ? Freud has solved this problem in the theory of the affects by demonstrating the function of the super-ego in their release. He illustrated his remarks chiefly from the example of anxiety.

Now let us turn to our everyday experience in analytic practice and let us take as our starting-point a very common incident. A woman is lying on the analysand's sofa and telling the analyst about something in her daily life. Her voice is comparatively indifferent, as is natural in view of the unimportant subject-matter of her communication. But there is no trace of indifference in her behaviour, for she does not lie there quietly. She turns first to one side, then to the other. She tosses her head this way and that. She twists her shoulders. Her hands hover, now over her face, now over her blouse ; sometimes they adjust a fold of her dress ; at other times they tug at her handkerchief. She draws up one leg and then puts it down again. As she turns on her side, she bends both her knees, separates them, twists them about, pushes them down and so forth, incessantly changing their position. Most of her movements seem to convey no meaning and yet we should very much like to believe that the patient has something to say to us by her gestures, of which she herself is perhaps unconscious. Then we notice one little detail. In spite of her constant restlessness

and the incessant movement of her legs, this way and that and up and down, her skirt is not in the least disarranged. The hem is now exactly at her ankles, just as it was when she lay down and smoothed down her dress. A constant effort must have been necessary to keep herself covered and she must have been putting into it at least as much energy as into tossing about. A violent movement which would naturally uncover her and which continually draws the attention of the onlooker to her person—in fact, almost forces him to look at her—is counterbalanced by a strong tendency to concealment. The analyst describes to the patient what he has observed, not omitting to mention to her that her hands are constantly touching her breast (thus drawing his attention to it) and stroking her hair. He then learns that there are a whole number of things about herself which the patient thinks are open to adverse criticism and should be concealed with the utmost care, above all, her legs, her breast and the way she does her hair—the very things to which her remarkable restlessness has drawn attention.

The process which I have described is that of shame. It is true that in this case, where the patient was relatively satisfied with her own face, she did not blush. At least, not at first. But when the analyst mentioned the relation of the movements of her fingers to her breast, patches of deep red appeared on her neck and went down into the opening of her dress, thus pointing the way to the breast as the significant organ.

In my description of the process of shame I have brought out one important point which, before Freud, had never been noticed. The affective process is not a simple response to a stimulus (in our example, to the patient's dissatisfaction with certain features in her personal appearance). On the contrary, there are at work at least two directly conflicting tendencies: on the one hand the desire to attract attention, on the other the impulse to conceal. Freud thinks that we must assume in all affects an inherited compromise of this sort between conflicting tendencies, and this is why he says in *Inhibitions, Symptoms and Anxiety* that the affects are inherited hysterical attacks. As in an acquired hysterical attack, only one of the conflicting forces is ego-syntonic and conscious. It is this tendency which has so far been the sole focus of attention. The nature of its antagonist can be inferred only from the effect produced by it, for it finds access to motility straight from the unconscious. The psycho-analytical view takes this second tendency fully into account, thus rendering affective attacks for the first time intelligible.

It seems likely that this theory will throw light on certain hitherto inexplicable facts in affective life. A large number of physical phenomena which accompany affective experience have hitherto refused to fit into any scheme. The pressure of the blood and the spinal fluid, the increase or reduction in metabolism, the depth or shallowness of respiration, these and other phenomena are not in direct relation to the pleasurable-unpleasurable quality of an affect, as we were at first inclined to assume. Above all, no experiments have sufficed to make it plain why unpleasurable affects are not only constantly renewed but actually sought after. The victim of anxiety looks continually for occasions for anxiety and the sad seek occasions for sadness. Even if we could account for the first phenomenon—the return of the unpleasurable affect—by that form of the law of inertia which Freud has called the repetition-compulsion, the fact that unpleasure (or at least that which consciously manifests itself as unpleasure) is courted, compels us to assume that there is a certain pleasure connected with what is unpleasurable—an anxiety-pleasure. This is a conception which von Hattingberg has introduced into psycho-analysis and I have followed suit with the hypothesis of a pleasure in sadness, etc. My present view, however, is that these pleasure-gains are secondary, in analogy with the epinosic gain in individual hysterical attacks. They are not sufficient to account for the tremendous energy with which unpleasurable affects are sought for. The only other way to explain it is to ascribe it to masochism and this, in spite of the far-reaching researches of Freud and his followers, is still an unknown quantity. Attacks of pain bear such a remarkable resemblance to affective attacks that we may almost expect the situation to be reversed and our inquiry to throw some light on masochism. If, on the other hand, in an affective attack, a consciously unpleasurable trend is attached to an unconsciously fixated one, the courting of the consciously unpleasurable affect would really be a tendency (disguised from the conscious self and possibly from the super-ego) towards what is pleasurable. If so, the conscious unpleasure, like the conscious distress of an illness, would not only not prevent the affect from arising but would often actually determine it as the price paid for it. The pleasurable or unpleasurable quality of an affect would depend on the strength of the affective attack or stimulus on the relation to the object of the affect and—as a subdivision of this relation—on the sense of guilt.

My statement of the conclusions to be drawn from Freud's hypo-

thesis of the hysterical nature of affective attacks has so far been conditional only. I must ask you to put this down to a little bit of wounded narcissism on the part of an author. At the very time when Freud published *Inhibitions, Symptoms and Anxiety* (1926), the book which contains this hypothesis,[2] there was a work of my own in the press in which I demonstrated this inherited compromise in the case of the affect of shame, while suggesting that certain other affects (e.g. cheerfulness and grief) represented a similar compromise. But I did not venture so far as to assert that *all* affects could be reduced to this scheme of compromise-reaction. I was deterred by the two following considerations. There are a number of affects whose structure seems so simple that they might almost be called reflexes. I, with my neurological training or bias, followed Kretschmer in explaining mental reactions by reflexes, instead of first explaining mental reactions and then interpreting reflexes as their ultimate result.[3] On the other hand the structure of quite a number of precisely the most important affects, such as anxiety, grief and cheerfulness, is so complicated that I thought it impossible to interpret them in such a relatively simple manner.

Even such a comparatively simple affect as shame (which appears late in the history of the race, as well as in the life of the individual, and is therefore not very highly elaborated) is complicated enough. In considering the ontogenesis of shame, we may recall a common episode of childhood. A child in his mother's arms meets a stranger, who makes friendly advances to him. At first he takes refuge in his mother's bosom or lap, trying, so to speak, to creep right into her. But presently he detaches himself from her and, turning to the stranger, looks at him, at first for an instant only, but gradually for longer. By the act of looking, he possesses himself of the strange object and becomes one with it. For, when we look at an object, we identify ourselves to a great extent with it. For some time the child veers between the two attitudes, generally ending by throwing himself into the arms of the other person and thus becoming wholly one with him : gaily greeting his ' enemy ' of a moment ago as one in whom he recognizes a friend.

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[2] [The hypothesis referred to was actually first put forward by Freud in Chapter XXV of the third part of his *Introductory Lectures*, originally published in 1917.—*Editor's Note.*]

[3] I am indebted to Dr. Franz Stein, my collaborator in Frankfort, for this formulation of the problem.

In this process we see clearly the antagonism not only between the pleasure of being looked at and that of hiding but also between the pleasure of seeing and that of being blind, i.e. of existing as part of the mother, free from any stimulus. We also see how in the person experiencing the affect of shame curiosity breaks through. He wants himself to look at the object which rouses the emotion of shame. But he alternates in his behaviour between looking and shutting his eyes or casting them down. There are many instances in folk-lore of a person's being struck blind because he disobeyed the promptings of shame.

We observe this behaviour in young children at a period when their ego is as yet but little developed. The two pairs of impulses (pleasure in observing and pleasure in displaying, with their counter-parts) exist indeed simultaneously, but they alternate with each other, as though by the swing of a pendulum, and it is only gradually, when the ego grows stronger, that they become simultaneous in the form of compromise-reactions. After a shock an affect often disintegrates into its component parts, the individual then oscillating from one to the other. In such a case we may speak of a regression to an obsessional precursor of the hysterical affect. There are similar preliminary phases of many other affects and regression to them may take place ; this occurs particularly frequently in obsessional neurosis and schizophrenia and in their milder forms of variations of character. This is one of the greatest difficulties in our therapy. If we do not succeed in connecting up the affects associated with a given experience and the ideas relating to that experience, all our efforts are in vain, as is already explained in Freud's *Studien über Hysterie.*

Now let us turn to the affects which resemble reflexes. We think of disgust as a reaction to food which smells or tastes bad and which is vomited out with unpleasurable feelings. This reaction is based on the tendency to ' evagination ', which we find throughout the whole animate world and which may be carried so far that whole portions of the substance of the body may be expelled from it, e.g. in some of the lower animals the whole intestine. But disgust is not a vomiting reflex. In the latter some object has found its way into the mouth, has ceased to have an independent existence and has become a part of the subject, and must then be got rid of once more. In disgust, on the other hand, the image of the object is taken in by the eye or the nose. The object itself continues to have a real existence outside the subject, i.e. its action and effect are independent of him, and further

it is an object of love or hate. Perception of an object is, after all, only the reception of its image through the medium of the senses. When perceived, it encounters the memories of previous incorporations and their consequences and also our reactions to them, and these can now be brought into operation against the real object, so that we may escape the disagreeable consequences of the previous internalization. Perception can take place only when incorporation is renounced, and the same applies to disgust, which is a compromise between the renunciation of imagined incorporation and expulsion of the object which, in imagination, has been incorporated. For although he rejects it under the influence of the reality-test, the individual is constantly re-devouring the object and at the same time expelling it. Unless we recognize in disgust both the consciously repudiated tendency to incorporation and the manifest tendency to evagination, we shall be at a loss to understand the reaction of the three-year-old Kurt, who at the first sight of his new-born sister vomited; he had devoured the baby with his eyes. The level of reality-testing—'I and my little sister are two separate beings'—was abandoned, the person looking and the thing seen were one and the same. He ejected himself from himself, in order to get rid of the ego which he endeavoured to be but refused to look at.

Fright, also, in its very common form of flaccid fear strikes us at first as a reflex, namely, that of feigning death. I myself have so described it, for at the sight of a terrifying object temporary death is assumed in advance in order that permanent death may be averted. But I now think that the term 'death-feigning reflex' is one-sided. It underlines too heavily the secondary aim, that of deceiving the enemy into the belief that death has already occurred—a tendency which would certainly justify itself in relation to pursuers who desired only the death of the subject or who hunted only living prey. But besides this we see in fright one of the most important primitive reactions, the tendency to 'invagination', which we already meet with in the encystment of bacteria. This serves the purpose not only of temporarily killing the subject but also of effacing the object by cutting off sensory contact with it. We see then that fright is a mode of defence as well as of flight.

In human ontogenesis invagination signifies also the resumption of the secure intra-uterine state with its absence of stimuli—in fact, of pre-existence.[4]

[4] I am not affirming this state to be a pleasurable one but merely one devoid of stimulus. The pleasurable component enters into it only when

There are cases in which death ensues, when the stimulus of fright is experienced by someone who is physically ill or to whom life is no longer worth living. In this case the production of fright has miscarried; the invagination is complete. It is otherwise with healthy people, in whom after a shorter or longer interval the tendency to live triumphantly conquers the tendency to withdraw. This shows that the affect of fright is a compromise between the tendency to die and the tendency to live, to annihilate the world and to spare it in order that it may either be embraced again in love or destroyed in hate.

The form of fright which I have just described, i.e. flaccid fright, has only lately been called by this name, which would be a misnomer were it not that we must accustom ourselves in designating affects to the fact that they constantly change their names and significance. Thus it often happens that quite different formations have the same name. Here is a good example. In Dutch the word *Trotz* [in German = defiant obstinacy] does not denote the affect which Freud connects with anal erotism but that which in German we call *Stolz* [= pride]. *Griensen* and *grienen* signify to laugh, the same words with but a slight modification as *greinen, weinen* [in German = to whine, to cry]. Now the word *Schreck* [= fright] most certainly does not signify to collapse with loss of consciousness. Rather, it suggests a leap and we recognize the same root in its original meaning in *Heuschrecke* [= grasshopper]. Accordingly, the word *Schreck* is used to denote a terrified start. Morro traces this reaction to the leap with which the young ape takes flight when the branch beneath him rocks in the wind and he springs into the protecting arms of his mother. So we find that the receptive zone for the affect of fright is the organ of equilibrium and we understand how it is that terror often enters consciousness in the form of giddiness. But when we grow stiff with fright, remaining as it were rooted to the ground, another tendency has come into action which is no less opposed to the tendency to make a leap than is the tendency to collapse. I refer to a primitive reaction which I shall term rigidity. This has the effect of making us one with our environment—we ourselves turn into a rock or the trunk of a tree and remain immovable. By becoming inanimate we elude our pursuer and take refuge in the world of inanimate objects. The individual is merged in his environ-

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subsequent unpleasure makes a condition in which there is neither unpleasure nor pleasure seem desirable and so gives rise to phantasies of the womb, which serve as a negation of the actual present.

ment (mimicry). But it is as though, when a human being becomes rigid, he turns into a phallus and, as such, exhibits himself to the stupefaction of the world around him: his environment too turns into a tree, a rock, a phallus, thus, as it were, assenting to and denying the subject's rigidity.[5]

A single dangerous stimulus, occurring suddenly, mobilizes the tendencies which produce flaccid fright: flight from the world of the living to that of the dead, a hastening away from the danger, with evagination of the body, the magical annihilation of the enemy, by killing the world through the subject's own consciousness being extinguished, while he still lives inside his mother in order to be born again and once more to embrace the world in love. Behind these lie the tendencies to leap from the support which is rocking beneath one to the security of the mother and to grow rigid in order to become immovable, while at the same time escaping notice, and to fascinate the surrounding world by becoming entirely phallus. Buridan's donkey starved to death between *two* bundles of hay, because the tendency to satisfy himself in one direction inhibited the tendency to satisfy himself in the other. In the case of the affects a multiplicity of tendencies results in their paralysis. Each in itself may, at any rate at times, be useful but, when they are compulsively mobilized simultaneously, the disturbing stimuli are not mastered in a manner consonant with reality. Indeed, when conflicting intentions operate simultaneously, the individual whose mind is rent by the affect is sometimes exposed to extreme danger. Affects as single units must therefore be inhibited. This process has been repeated in the history of the race from generation to generation and so we find ready-made inherited reaction-formations against the affects, some of which already make their appearance early in the history of the individual. The child, as an embryo, repeats the evolution of the race from the unicellular organism to the gill-breathing animal and so forward, greatly accelerated and extensively modified though the various phases be. Similarly, in accordance with the law of inertia, he reproduces the evolution of the affects. Thus it is really only in children that we see affective attacks in an approximately pure form. But we see too how phylogenetically older affects are overlaid by others more recent and more complicated, which in their turn become obsolete

[5] The tendency to mimicry is universal and runs through the whole animal kingdom. We see it, for instance, in the grasshopper.

and are gradually surmounted. Thus in a new-born baby fright can still be very easily and extensively mobilized, especially in the form of starting. It is only gradually that fright is increasingly pushed aside by anxiety.

An anxiety-attack is a secondary hysterical attack designed to obviate the primary hysterical attack of fright. In accordance with the law by which repressed material makes its return in the repressing force, anxiety contains all the components of fright. But besides these there are various new trends which enter into a compromise with the fright tendencies. For instance, fright does not cause the subject to flee from the dangerous spot ; it is otherwise with anxiety. The most natural direction for flight is away from the source of the stimulus. This is so obvious and so accessible to consciousness that there is no need to enlarge upon it. For our purpose those other aims are more important, which I have already named—those which lead towards the womb, the non-ego, death, dissolving into the surrounding world. In almost all our analyses we come across examples of these aims. It is a similar aim in a modified form which so often impels a child, when suffering from anxiety, to get closer to his mother. He clings to her skirt, creeping as it were right into her.

We often meet with a remarkable kind of flight in a direction quite peculiarly ill-adapted to the real situation : flight *towards* the pursuer. You will doubtless think of the almost inexplicable attraction which, when a motor is approaching, will draw a nervous person towards or even under it. Where it reaches this pitch, it is a pathological peculiarity, but in a modified form the tendency is almost universal. Let me remind you of a trifling observation, which you can repeat as often as you please. You are standing on a railway-platform, waiting for a train. The people round you know by experience the point at which the carriage they wish to enter will stop. Some of them have made sure of it by asking the railway officials half a dozen times and, having had the spot pointed out, have taken up their position there. The moment the train comes thundering in, you will notice that three-quarters of them leave the place they have carefully selected in order to rush towards the train. Until it stops. Then they become reasonable again. This is probably the explanation of the many cases of persons committing suicide, consciously or unconsciously, by throwing themselves under a rapidly approaching train. The meaning of this puzzling process comes out specially clearly in children at the stage at which the affect has not yet been combined into a temporal unity in

the form of a hysterical compromise between two conflicting tendencies, but at which the child still for the most part swings from one to another. Suppose you play a game of teasing a baby from six to twelve months old. Your finger approaches the child as he sits. He will lean backwards and struggle to get away, until your finger is quite near him. Then he will throw himself into your arms. At a rather later period the baby will crawl away from you. But in spite of all his efforts the distance between you diminishes at every step. He gives a scream of fear—turns round suddenly and escapes from you by taking refuge in your arms. For a moment what was only a game had threatened to become a reality to the child; his love-object was turning into a persecutor. He throws himself into your arms in order to coax the persecutor to turn back again into the person who loves him and in order to recognize in the enemy the former loved one. Laughingly, he butts you with his head and kicks and beats the air, and you as well, hilariously. Hilarity is the state of mind in which we indulge our wishes unpunished, even to the point of violence against those whom we love, for in our friend we have recognized an enemy and in an enemy a friend. We give vent to an outburst of merriment. Consider the term which we so commonly use, *austoben* [= ' to give violent vent to ', *literally*, ' to rage or storm out ']. This surely means to give vent to oneself, to try to evaginate oneself, to shed one's personality and one's body.

This tendency, which we have already met with in the emotion of disgust and which we now encounter in hilarity, enters into anxiety as well. We desire to rid ourselves violently of ourselves. It is in this way that convulsive evacuation or excretion of urine occur and a sweat of terror breaks out on us. The tendency to evagination intensifies all the vital functions. The tendency of fright, which is to collapse and to suspend life, is opposed to it. Apart from this, however, death —even if it be only temporary—represents a danger, and in face of it the functioning of the vital processes appears desirable and intensified self-experience becomes pleasurable.

Narcissistic pleasure in the bodily ego and its functioning, as well as in one's own experience and personality, is the great antidote to the intoxicating poison of the idea of losing oneself. The phenomenon of orgasm and many manifestations of anxiety may be explained as a compromise between this narcissistic impulsion in the direction of self-experience and the tendency to self-evagination. One of the most striking of these manifestations is the motor restlessness which expresses

itself in running backwards and forwards in a manner which, from the standpoint of the flight-tendency, is quite senseless. Or again, there is the still more useless trembling, which may render any reasonable movement impossible. Metabolism is increased and the heart beats more rapidly although, relatively speaking, no excessive demand is made upon it. The accelerated respiration is the more perceptible because it is at the same time inhibited. Palpitation and rapid breathing represent a protest against the will to die and so lend themselves very readily to rationalization as the dread of death. A frightened child begins to raise his voice not only to summon help : he sings, in order to perceive himself ; he wants to get into the light in order to see the world and so to experience himself. Not to see is to kill the world ; to see is to suffer it to live or even to bring it to life. Thus, when we are terrified, our eyes and ears are riveted to the dreaded object : they are impelled to seek for it and yet to flee from it.

When a speaker suffers from stage-fright and longs to hide from the gaze of the crowd, he has one last resort—he intoxicates himself with his own words and gestures. He is impelled to clutch his desk, his manuscript, his own clenched hand, lest, feeling nothing, he should plunge into nothingness. If our self-perception remains inadequate, we are forced to seek external confirmation of our power by obeying the secondary instinct to make an impression on our surroundings. To be respected and held in honour is the most priceless possession of the victim of anxiety.

In earlier attempts to explain the affects, it was recognized that they were a means of flight and defence. Freud shewed that, in an affect, conflicting tendencies unite and produce an inherited hysterical attack. Amongst such tendencies psycho-analytical research has given prominence to the two forms of flight—flight into nothingness and flight towards the enemy—and has explained them as separate manifestations occurring in different mental strata (flight back into the mother's arms, into her body, into death). Finally it has revealed the peculiar importance of primary narcissism as an antidote to the tendency to return to pre-existence and of secondary narcissism as a means of overcoming endopsychic ataxia resulting from castration-anxiety. (In my paper on puberty I have tried to throw some light on both these forms of narcissism.[6])

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[6] ' Die Ich-Organisation in der Pubertät ', *Zeitschrift für psychoanalytische Pädagogik*, Bd. IX, 1935.

When seeking to explain the various affects, I was so much struck by the importance of the narcissistic factor in intensifying the vital processes that for a long time I was inclined to regard it as a third motive force, side by side with the two impulses of flight and defence. I was not unaware that these forces moved on two different planes: flight and defence are related to an object, intensification of the vital processes relates solely to the self. The object-relation of the affects is a loose one, and this not only in the case of the early libidinal instincts. So I found I must penetrate further towards the aims of the affects: the primitive reactions of invagination, evagination and rigidity.

Once we recognize the phenomenon of intensification of the vital processes, it sheds quite a new light on pain. I should probably never have grasped the significance of this phenomenon in relation to the affects, had I not discovered it when studying the process of inflammation, of which the classical symptoms are redness, swelling and *pain*. Since the time of Marchand, inflammation has been recognized as an intensification of the vital processes and, since the time of Bier, it has been utilized as such. Now the other main cause of pain is spasm of the non-striated muscular apparatus—in little children, of the intestinal musculature, which is designed on the one hand to get rid of what is useless and harmful to the body (tendency to evagination) and, on the other, to retain within the ego that which has become part of it. In cases where we cannot detect either of these two causes for pain we speak of nervous stimulation, and this indicates how firmly convinced we are that the vital processes are intensified in pain. The tendency to expel and the tendency to retain meet in the process of pain. That behind them the tendency to invagination persists is evident not only from the inflammatory processes, the purpose of which is to cause suppuration or a shutting-off of the part of the body affected by the disease, and from the spastic process; there is, in addition, a strong tendency to exclude the painful organ from the psyche. This last is the tendency which begins to prevail when pain is of long duration. In opposition to it and in defiance of the injuries which have given rise to the process of pain, intensification of the vital processes continues irresistibly.

We must now return to the tendency in anxiety to take flight *towards* the pursuer. In a child these tactics result in the two being actually united. We have an analogous result in those cases of suicide which I mentioned earlier, in which the victim of suicidal mania throws himself under an enormous object which is rushing towards him. This

object symbolizes the pursuer of his childhood, who looked so large to him—his mother. Thus in death he is seeking union with her.

This tendency—or at least the disposition to it—is innate in all human beings. It is this, I think, which led Freud to conjecture that there is an inherited nucleus of the super-ego. To dread one's parents implies a tendency to unite oneself with them. If we wish to go on living—and this is a natural impulse—we must be one with them or at least assimilate a part of ourself to the persecutor in order to compensate for passive suffering by the active infliction of pain.

I have described anxiety as a secondary hysterical attack, which serves as a means of escape from the primary hysterical attack of fright. The affects of gaiety and sadness have been evolved as a means of escape from despair; they have absorbed the latter affect and amalgamated it with many other tendencies. In melancholic and manic seizures the two affects become to a large extent disintegrated and then certain characteristic features of despair become prominent.

The affects—even those which are secondary—are not ego-syntonic in the long run, because they are not adapted to their purpose. This in itself is reason enough for them to be inhibited. There is, besides, in human beings the important factor of education. For the first ten or fifteen years of their lives children are entirely dependent on their parent's care. The cry of a child who is frightened or unhappy summons his mother and forces her to attend to him, i.e. to spend time on him, even at an inconvenient moment. His cries and tears make a powerful appeal, not only to his mother's love, but above all to her sense of guilt. This disturbs and indeed torments her. When, at the approach of danger, he clings to his mother's skirt, embraces her legs and tries to creep right into her, he is an embarrassment to her or even a source of danger, if some dangerous object, e.g. a motor, is approaching. When he is gay, he attracts his mother's attention: gaiety is infectious, we want to share in the laughter—indeed, we can hardly help it. (I shall return later to the fact of the 'echoing' of affects.) But we are occupied with other things, probably more serious matters. We cannot join in, however much we should like to. Envy and jealousy rise up in us and yet we must not grudge the child his pleasure. We see then that not only are children's affects ill-adapted to reality, but they sometimes expose those who are bringing the child up to external dangers and often to danger from within—feelings of guilt because of the child's pain and of self-reproach because we grudge his happiness. Affects may become anti-social. This is especially true of rage, envy,

obstinacy and scorn. So those who have to bring up children try to subdue their emotional outbursts. This may have the effect of making the budding super-ego force the idea upon them that we ought not to have any affects: we must not allow ourselves to experience them, they must be destroyed. Daily the child witnesses how his mother suppresses her own affects and disavows her experiences (Burlingham). Her behaviour sets the standard for him. Sometimes he seeks to conform to it by regressing to the period in which there are as yet no affects but only their preliminary phases, when the separate tendencies alternated with one another. This is the obsessional (and schizophrenic) pre-affective epoch. Hysterics regress only as far as the epoch of infantile affective incontinence or of the primary affects, and so fright and rage play a great part in hysteria.

Some of the affects have been relegated to subordinate egos, whilst the ego-in-chief addresses itself to reality in a manner at once reasonable and good, affectionate and defensive. These affects have gradually become shut off, have dwindled into mere reflexes. But the converse process may take place and super-affects be formed. Thus there arises embarrassment, i.e. fear of shame, and prudence, i.e. fear of anxiety. Since a prohibited affect threatens to return again and again, the super-affect, once formed, seems to be continuously present. A mood or a certain type of temperament is created. The commonest super-affect is certainly anxiety, but there are quite a number of other super-affects. Embarrassment may mean not only that we fear shame but that we are ashamed of fear. Next to anxiety sadness is, I think, the commonest super-affect. Since it may bring about a real loss of love or, later, forestalling the condemnation of the super-ego, an endopsychic loss of love, sadness becomes itself an occasion for sadness. Similarly some people are sad because of the ' wrongness ' of their own impending anxiety or the ' immorality ' of the rage which they feel rising up (and of course because of the objectionable character of certain of their instinctual impulses), and they become pessimists or develop a depressive personality.

This sounds sheer nonsense. We are told that the affects are to be inhibited because they are not ego-syntonic and are to be destroyed because they are not super-ego-syntonic, and now the devil is to be cast out by Beelzebub. But perhaps what is really absurd is to expect the logic of the external world to apply in mental processes. It is an everyday occurrence for our patients to accuse us of contradicting ourselves when we give them a truthful description of their own

contradictory impulses. It is true that we are generally dealing with pathological cases. But I am speaking now of typical processes and attempting to indicate the tracks blazed for us all, when I seek to shew that contradictory tendencies are typical. Now it seems to me that the situation of human beings (whether we regard them as individuals or collectively) does not conform to the ideal and certainly not to logic. And so we may expect that if we examine human beings we shall find internal contradictions, waste of energy and self-laceration.

From a practical point of view the formation of super-affects represents a great gain. The internal friction which they engender consumes a vast amount of energy, which might otherwise be a source of danger to its possessor and those around him. And so most people succeed in mastering their affects at least to such a degree as enables them to collect into a reasonably manageable herd. For this purpose the sense of guilt, the super-affect of dread of losing the love of those in authority, is actually consciously fostered.

Moreover, the inner friction imparts to the super-affects certain special characteristics. All instinctual and external stimuli experienced by an individual whose ego-organization is primitive produce reactions of the entire person, which manifest themselves as a functioning of the whole body or at least of a considerable part of it.[7] For instance, a child who has just learnt to stand and walk plants himself in front of us. We hold out some object which he covets, e.g. a glittering watch. The whole of the tiny creature reaches out after it: both arms are flung out towards it and are followed by the head, shoulders and legs. The next moment he is lying flat on the floor. It is only gradually that he learns to control this mass-impulse. It is as though he then ordered his legs to stand still and his shoulders and one hand to keep quiet, after which his ego makes use of the other hand to grasp the object. The child ego has effected a differentiation by forming subordinate egos (descriptively unconscious), and these take over the ' automatic ' functions, e.g. that of standing. He himself is left free for new tasks. We have an exactly analogous situation in the evolution of the affects. When a man is overcome by the tendency to invagination or by flaccid fright, his entire body collapses, while in rigid terror it is rooted to the ground. A child's whole person will become as stiff as a board. Under the lash of despair arms, legs, trunk and head make simultaneous,

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[7] Dr. Federn has drawn my attention to the tendency of children to mass-reactions.

unco-ordinated and conflicting movements. When the affects become weakened by internal friction, the movements which they produce in the various members of the body become, as a rule, at least susceptible of control. In the end so strong a check is put on our affects that they call forth primitive reactions only when these give expression at the same time to important libidinal instincts. The affective zones that remain active are the distinctively sexual zones, which lend a tinge of their own to the affects and develop in them a vast number of individual variations.

Originally the affects were only reactions *vis-à-vis* the source of stimulus, to which they bore a merely spatial and temporal relation. This comes out very well in the German language: *ich ängstige mich vor, ich trauere über*, etc. [I am alarmed *at*, I grieve *over*]. Only when the affects have become the expression of libidinal tendencies do they take over the sexual objects of those tendencies in the form of affective objects. Our language indicates this by employing the accusative or dative case for the direct object-relation: *ich fürchte jemand, ich betraure ihn* [I fear somebody, I lament him]. What I have said about differentiation applies especially to object-relations: as the impulses become weaker in consequence of internal friction, these relations become more lasting. Animals have at intervals periods of heat in which they are impelled to typical behaviour. The principle which inhibits such behaviour and at the same time renders it more continuous is embodied in the lines, ' Mit diesem Trank im Leib siehst Helena in jedem Weib '.[8] Only when the positive tendencies have been to a considerable extent bound by negative ones, which in part undergo displacement in their objects and aims and in part are projected outwards, does faithfulness come into existence. Similarly the ' fear of the Lord ', obedience to the hundred and one taboos of society, can develop only when rage, jealousy, and envy, etc. are bound.[9]

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[8] [' When you have drunk this drink you will see Helen in every woman.']

[9] We are led to conclude that the ' cause ' of civilization lies in the biological slowing-down of human development. As the demands of society increase, individuals attain more slowly to independence and this slower development in its turn makes the cultural demands more exacting, and so on. Looking back at the development of civilization we see it in constant alternation with individual development. The process may be said to start from the incompatibility of affective and instinctual attacks

Since the libidinal affects differ in so many ways from the original outbursts of affect, we shall do well to give them a name of their own. I propose to call them *passions*, a term not widely current in modern scientific psychology and so not narrowly restricted in its practical connotation. Under the heading of passions we shall include those psychic formations which we regard as essentially human and the disappearance of which (at any rate in other people) we should regret, although they give rise to much suffering. I would instance sympathy, longing, jealousy, modesty and similar emotions and emotional states, some of which are very complicated. Moreover, both from the phylogenetic and the ontogenetic standpoint they are far from homogeneous.

The interdiction of affective attacks has influenced our knowledge of the subject in a remarkable way. That all our behaviour is coloured by affects is a fact which must long ago have caused psychologists to look for the explanation of affectivity in the obvious attacks of affect which we observe in children, and certainly the regressive distortions of such attacks in adults were bound to suggest the same line of thought. But the prohibition of affects which is imposed upon children—' it is not right to have any affects '—has made us forget the whole individual and inherited evolution of the affects. We seek—in vain—to explain human thought and behaviour by a reference to the will (how did this complicated notion arise ?) combined with a tinge of affect or a tincture of emotion.

The conditions under which the ' passions ' are evolved may also promote the expansion of the intellect. At a very early period of life almost the only stimuli perceived are the typical ones and the reaction to them is typical. Not until our castration-anxiety has bound us to those in authority, when our fate hangs upon every gesture of the person at once loved and hated, does the affect of prudence arise. It differentiates object and subject, separates bad from good in the object-world and discriminates between the object as a whole and its momentary moods. ' Sharp ' observation and ' hard ' logic develop—attributes which we describe in metaphorical terms, borrowed from the sphere of physical violence. In these qualities, indeed, the latter finds a sublimated expression and possibly a satisfactory outlet, when we modify the world by the force of our intellect.

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with reality or, from the endopsychic standpoint, with the ego : thus mankind has been forced to accept the temporary postponement and partial renunciation of gratification.

Under the influence of prudence (the libidinized version of anxiety), love, no less than violence, comes into play in our intellectual processes. We are no mere spectators of the pantomime enacted around us. We take part in it ourselves. At first, the affects of those around us echo through our whole being, but gradually the area in which the reverberation takes place becomes more and more restricted. Our sense of guilt causes us to observe solicitously that part of ourselves which we have assimilated to our environment. By self-observation we learn to understand the world around us and to adapt ourselves to it and it to ourselves.

The main aim of the intellectual process is always the recognition in the multitude of stimuli before which we stand helpless that which is familiar, so that we may be spared anxiety and no more prostrated by grief. In science we have a name for the familiar face of Mother Nature, whose lineaments can be traced by our love (diligence) : we call them natural laws.

When reason and understanding come into operation, the discharges of affect become less violent. Those affects which bring in their train the most intense self-experience find an outlet in the intellectual process. It is only where thought has become distorted into a morbid compulsion that the intellect is hostile to life ; elsewhere it is life's sweetest fruit. In the course of countless generations mankind have developed beyond the typical responses to stimuli only typically perceived, they have left behind primitive reactions and affective attacks. To-day we are for the most part in the epoch of the passions, and especially of anxiety. But the intellect, nourished by sublimated passions, is secretly stirring and teaching us to do away with the occasions of suffering.

II

Affective Zones, Affective Aims and Affective Objects[10]

The textbooks of psychology, psychopathology and psychiatry have little to tell us about the theory of affects. For instance, we read in a recently published work [11] that feelings are qualities or states of the ego directly experienced. A distinction is drawn between feelings relating to states (e.g. joy, contentment, sadness, anxiety and fear)

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[10] Read before the Fourteenth International Psycho-Analytical Congress, Marienbad, August, 1936.

[11] Kurt Schneider, *Pathopsychologie der Gefühle und Triebe. Ein Grundriss.* Leipzig, 1935.

and feelings involving valuation, relating (*a*) to ourselves (e.g. power and pride, guilt and embarrassment) and (*b*) to others (e.g. love, sympathy, admiration, hatred, mockery). Acute emotions are called affects, chronic emotions moods. I have selected only a few of the many differentiations suggested. No attempt is made to-day, any more than fifty years ago, to explain the affective life or even to trace its development.

It was a revolutionary act, to the importance of which we psychoanalysts now hardly give a conscious thought, when in his *Studien über Hysterie* and in *Traumdeutung* Freud spoke of the affects as psychical energies and proceeded to explain mental life in terms of these forces. It is true that later he postulated the instincts as the *primum movens*. In his more recent writings he has only added two further basic notions to his general theory of the affects. In the first place he states that moods and feelings are constantly repeated reactions to the stimuli constantly applied by the super-ego. Hence the affective process, originally restricted in time, becomes more or less continuous. His second important thesis is that an affective attack is an inherited hysterical attack. Both these notions, also, illustrate the dynamic-causal mode of Freud's thinking, and to this we adhere when we seek to explain the phenomena of the affective life as the results of a long development in the race and in the individual. This attempt is crowned with success : in little children we have many opportunities of observing clearly defined affective attacks ; they are much plainer than in adult life. For, as we grow up, there is on the one hand a strong tendency for them to become continuous and to be transformed into relatively permanent states, whereupon stratification takes place, while, on the other hand, manifestations of affect are powerfully checked and affective experiences are inhibited, and, indeed, abolished. In the first part of this paper I have outlined this evolution and the reasons for it.

If Freud is right when he states that an affective attack is an inherited hysterical attack, it follows that a single attack represents a compromise between conflicting tendencies, which derive their strength from the instincts. It would therefore seem legitimate to apply to such isolated attacks the description which Freud applied to the instincts (especially to the sexual instincts). He distinguished erotogenic zones, sexual aims and sexual objects. We shall accordingly in the same way speak of affective zones, affective aims and affective objects.

But we are at once confronted by a great difficulty. Even superficial observation of an affective attack shows that, at the very least, a large number of organs come into operation. In the case of powerful affects and, indeed, in other cases if we examine them closely, we see that some function is performed by practically every organ of the body. We seem to have before us a medley of the most varied organ tendencies and, it follows, of all manner of instinctual tendencies.

Are we then to conclude that an affective attack is a storm of instinct, in which every zone pursues the aim determined for it by its structure, regardless of the body as a whole and often in opposition to other organs ?

In the case of moderately strong stimuli we see that single groups of organs seem to aim at producing a uniform result but that different groups seem to aim at producing different and often contrary results. An affective attack is precisely a conflict of this kind within the human being, upon whom demands are made from every side but who is not a homogeneous whole. Through the fact that as a practical event he functions with all his organs and is sensible of this functioning, he becomes more or less conscious of himself as a whole. Thus affects tend towards integration and so are of use to the personality as a whole. On this account they are sought after, even when consciously experienced as unpleasurable.

We can learn yet another fact if we observe the behaviour with which the new-born infant reacts to the hail of skin and light stimuli which assail him. His reaction takes the form of innumerable contractions of the motor muscular apparatus, his head, body and all his limbs being dragged this way and that, while one movement continually counteracts another ; he screams ; he excretes mucus, urine and fæces. The result of it all is that he goes to sleep. For he has got rid of his enemies—his own body and self. They are enemies because they act as intermediaries for his enemy the external world. By the process of ' evagination ' he returns to a state devoid of stimuli, a state of not-self—the pre-existence which was his before birth.

In Bernfeld's work *Psychologie des Säuglings* (1925) we find the following paradox : the infant awakes only so as to go to sleep again. All the stimuli, whether arising from the vital processes within him or assailing his body from without, disturb him. His instincts and reactions aim at recapturing the state of repose, at realizing the Nirvana principle. This applies to evagination and equally to that other primitive reaction which presents the opposite picture, where all

the organs suddenly cease to function—the phenomenon which we call ' invagination '. So we see that there is an absence of uniformity in affective behaviour, not only so far as the functioning of the separate organs is concerned. The orientation of the organs as a whole is bipolar ; at one end is the cessation of individual existence and, at the other, universal activity, i.e. two different narcissistic conditions.[12] But, you may object, is invagination (e.g. in going to sleep or fainting) an activity at all ? Is it not rather the discontinuing of all action ? You will remember that Freud came to the conclusion that dreaming depended on the tendency to sleep. I have elsewhere demonstrated this shutting-off process in the behaviour of sleeping persons.[13] The behaviour of a sleeper or a fainting person, when attempts are made to rouse him, is obviously a resistance.

In countless generations it has happened over and over again that *several* of these primitive reactions, which are always in readiness, have been evoked by a single external or internal stimulus. Or we might say that the stimulus arouses an instinct which in its turn produces a primitive reaction ; but that at the same time the stimulus itself evokes other primitive reactions. This schematic account seems highly complicated. But as soon as we have to deal with a concrete case, especially that of an adult, we find ourselves confronted with a medley of instincts, primitive reactions, affects, super-affects and passions. For the vital processes are so complicated as almost to defy scrutiny, and to gain any idea of the complexity and the contradictoriness of the factors at work requires the most delicate application of Freud's technique.[14] At first there is often an oscillation between conflicting impulses. As the ego grows stronger, these combine into a simultaneous compromise-reaction, which is inherited as a potentiality, namely, into what Freud calls a hysterical affective attack. This is made up

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[12] I agree with Fenichel (' Zur Kritik des Todestriebes ', *Imago*, Bd. XXI, 1935) in holding that the Nirvana principle, the repetition-compulsion, the pleasure-principle and the reality-principle are all manifestations of the principle of persistance.

[13] ' Handlungen des Schlafenden ', *Zeitschrift für die gesamte Neurologie und Psychiatrie*, Bd. XXXIX, 1919.

[14] Anyone who is not afraid of facts and especially of the reality of his own defective knowledge inevitably finds himself confronted anew with ' chaotic situations ' ; and in this respect is constantly, to use Reik's phrase, a ' surprised psychologist '.

on the one hand of primitive reactions and, on the other, of manifestations of instinct.

You will observe that I contrast primitive reactions with instincts. For we are accustomed to speak of an instinct only in the case of the mental representative of processes involving a single organ. Primitive reactions, on the contrary, mobilize all the organs. Moreover, they are relatively non-recurrent activities, circumscribed in time—reactions of the ego—whereas instincts, which are actions in the id, maintain a continuous or rhythmic flow. This distinction is not fundamental. For we may say of the instincts that only the tensions are continuous or rhythmic, whilst the manifestations of instinct are called forth by external or physical stimuli. Primitive reactions (and affects), on the contrary, are first evoked and then constantly re-evoked by stimuli, but as inherited potentialities they are always present.

For purposes of description we commonly say that to each instinct there corresponds a single organ. But this statement is very far from complete, for there are always allied and associated organs. Let me give an example. In the anal function a whole group of organs comes into action : the sensitive mucous membrane of the anus and rectum, the muscles of the rectum, anus, perineum and abdomen, with their sensory and motor systems. Many cases of chronic constipation are due to an ataxia of the perineum and anus, due to a disturbance in the sensibility of the intestine or perineum or both, itself the result of an unconscious denial of the whole region and its function. Thus in the case of the instincts as well as in that of the affects different organs often co-operate precisely through their antagonistic activity. But this activity is relatively restricted to a single organic system, or, more exactly, the activity is a single function, e.g. that of defæcation. Its negative is ataxia. We call a group of co-ordinated organs an organic system. In primitive reactions many organs come into play, if not all, as was always the case in the first instance, and still happens when the stimulus is strong. The function of this multiplicity or totality is also single (e.g. sleep) and affect the individual as a whole directly, whereas the various co-ordinated groups of organs affect the whole person only indirectly.

Let us turn to a practical example, an attack of rage. Some outside force has inflicted violence upon the subject and called forth his aggressive tendencies. He crouches,[15] his hair stands on end, his eyes

[15] Another word for *Wut* [= rage] is *Grimm*, because it is accompanied by the act of crouching [*zusammenkrümmen*] or writhing. Similarly the

stare,[16] showing the whites, he bares his teeth. His face turns purple or grows pale,[17] he foams at the mouth, his voice sounds hoarse and strange, he holds his breath.[18] Darwin already recognized these phenomena as preparatory to springing at the enemy: they are designed to intimidate him and paralyse him with terror. Nearly all the phenomena of rage can be explained thus.

It is true that we might ask why that reaction does not immediately and invariably occur which we call ' senseless rage ' in which the person whose anger has been roused hits out, kicks, scratches and bites. We call it senseless because a man in a rage of this sort really succeeds in doing very little damage in spite of his frenzied expenditure of energy. Indeed in his explosion of fury he often hurts himself more than his opponent, scratches himself, bites his lips and tongue and hits himself.[19] His own ego—his body and self—are evaginated. In ordinary rage the primitive reaction of evagination, which has proved senseless, has already been deferred. If, on the other hand, the aggression is directed against an external object, which has first been recognized, i.e. has become a libidinal object, the affect which arises is anger.

But we cannot explain all the manifestations of fury as deferred evagination. In the writings of the poets, whose descriptions of affective processes are the most exact, we come across such phrases as these: ' his throat tightened ', ' his rage strangled him '. Why is it that biting and scratching play so large a part in rage? I think that

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word *grimmig* is applied to pain (cf. *Bauchgrimmen* [= colic], *sich krümmen vor Schmerz* [= to double up with pain]. Thus the same phenomena may accompany the infliction and the suffering of pain. Senseless rage which inflicts pain on the individual's own ego is the connecting link. The resemblance in the manifestations of active and passive pain may also be taken as evidence in support of the hypothesis which I have advanced in my most recent works (' Die Ich-Organisation in der Pubertät ', *Zeitschrift für psychoanalytische Pädagogik*, Bd. IX, 1935, and the first part of the present paper), according to which the basis of pain is instinctual. [A similar idea is conveyed by the English use of the word ' grim '. Thus we speak of a ' grim look ' and a ' grim sight '.—*Translator's Note.*]

[16] This is equally characteristic of fright and astonishment.

[17] The same phenomenon occurs in fright, defiance, anxiety, shame and envy.

[18] This occurs also in grief and anxiety.

[19] Sometimes excessive masturbation takes place in rage and this is a particularly good illustration of the tendency to self-destruction.

here we have come across the oral-sadistic tendencies to which Melanie Klein gives such prominence when she discusses phantasies relating to the mother : the intention is to bite and tear open the abdomen of the victim. The impulse to wallow in and to devour the enemy's entrails is being activated, but for generations it has been repressed and only puts in a timid appearance in these apparently secondary actions of rage.[20]

There is almost no manifestation of human emotion so antisocial as rage, especially the muscular movements in which senseless rage discharges itself. A child's mother, who has constantly to be taking away or withholding from him objects which are unsuitable for him to eat or play with, and who is the chief object of his rage, is at the same time his most important love-object. His own need of protection and love causes him to repress and deny his rage, to turn it against himself and get rid of it. In this he is energetically assisted by the intervention of his mother and his budding super-ego. Since what is checked by those around him is principally the motor musculature, which has a relatively long-distance effect, his aggression may mainly take an oral form. Oral evagination expresses itself in spitting. This too is suppressed. Words then take the place of the primitive missile : ' calling names ' plays a large part in a child's life and also putting out his tongue and exposing himself. He casts off his outward self, while at the same time taking pleasure in it, especially in anal exhibition.

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[20] In envy too a defensive struggle is taking place against oral sadism. That is why it is not permissible to devour the object of our envy with the mouth ; at most we may do so with our gaze. According to its literal meaning *invidere alicui* suggests looking at, or into, something which another person has, e.g. into his dish. Moreover the person who is the object of envy is not himself directly assaulted, for the intention is to destroy the reason for envy, in order that the other person may not enjoy what one is debarred from oneself. In individuals envy often originates in a child's seeing its younger brother or sister at its mother's breast. Here the person envied is in a desirable situation (in the case of penis-envy the boy is in possession of something which is longed for). That is to say he is a narcissistic love-object. Envy presupposes a narcissistic object-choice though it does not necessarily carry it through. Hence we need not use reflexive verbs to denote envy but verbs with a direct object (in the dative or accusative). According to my definition envy is a passion.

The strength of the oral-sadistic element in the reaction of mockery is indicated in the phrase ' biting mockery '.[21]

One peculiarity of mockery is the strong tendency to imitate the person towards whom hostility is felt. This shows that the objects of mockery are really narcissistic love-objects.[22] But another factor in the case is the primitive reaction the aim of which is to merge the individual in his environment—the reaction, that is, of mimicry.

In the case of an instinct we are accustomed to speak of a single instinctual zone because the mobilization of the instinct, no matter from what zone the stimulus proceeds, always follows the same lines. So we are able to observe the ensuing function in isolation. Primitive reactions and affects, on the contrary, are typical responses to stimuli typically received. Hence we have to distinguish between a zone of perception and a zone of action, as well as between the aims of the one and the other. In fright, for instance, the perceptual zone is the organ of equilibrium, whose function is eutonia, while the executive system is the whole muscular apparatus of the body, whose function is invagination, rigidity and the leap to safety. In shame the eye sees or grows blind, while the surface of the body and the motor musculature display or conceal themselves. If a stimulus is applied to a perceptual zone, the corresponding executive zone joins in the response even if it be in a very small degree. Later, when the affects are chiefly evoked by stimuli proceeding from the super-ego, it often happens that the perceptual organ functions in a hallucinatory fashion. This is why a mental shock often makes us giddy and even moral disgust gives us a bad taste in the mouth.

In the case of the sexual instincts we have learnt how remarkably easily displacement occurs from one erotogenic zone to another or from one aim to another, when once the affected organ or activity is inhibited. We find the same thing with the affects, but here I think

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[21] Mockery [*Spott*] and scorn [*Hohn*] have so much in common that we can use the words as synonyms. I prefer to use the word ' scorn ' when the primitive reaction of rigidity comes in, i.e. in the case of the oral variety of anal obstinacy.

[22] I have long made it a rule in my therapeutic work to look for a positive and a negative tendency in every process of identification, believing that the equation of subject with object is a compromise between the two. The close inherited connection between identification and mockery provides a theoretical basis for this procedure.

there are several reasons for displacement. Originally, primitive reactions and affects are typical responses to stimuli received only as typical. But because they are not ego-syntonic or super-ego-syntonic they succumb increasingly to an inhibition which in its potential form is inherited. In these circumstances the stimuli are no longer experienced as merely typical: the specific environment from which they proceed (gradually, even, in its details) is perceived by means of widely differing sensory zones. Thus in disgust the tendency to reincorporate one's own excrement carries on its inherited struggle with the tendency to evagination. The appropriate stimuli for disgust are those which affect the senses of taste and smell. But in the experience of the individual the eating of excrement is associated not only with these stimuli but with a particular expression on his mother's face and a particular sound in her voice. Soon disgust is aroused much more often by means of the eye and ear than by means of the nose and mouth. The development on this line continues and in adults complicated æsthetic and moral experiences are more often the receptive part of the affect than are sensory impressions.

All this applies to the sensory affective zone which is under the influence of ' conditioned reflexes '. On the motor side, as first one and then another instinctual zone predominates (oral, anal and other epochs), the affects themselves change. In a total primitive reaction differentiation of affects takes place through the predominance of one or another zone, whether because it functions so powerfully or because inhibition has now to be reckoned with. Thus there arise the oral and the anal varieties of the affects. Moreover as soon as one zone is in the ascendant, there is much more need of a compromise between its constant readiness to function and the tendency of primitive reactions to enter in. This means that particular affects correspond to particular libidinal phases. For instance, in the anal period obstinacy predominates. As the penis comes to play a more prominant part, first as the organ of micturition and later as the phallus, there is a notable increase in anxiety, which reaches its zenith for the first time in the infantile Œdipus period. At puberty, when it is normal for regression to take place, phallic or genital periods may be called epochs of anxiety, anal periods epochs of obstinacy and oral periods epochs of scorn and rage. It has long been known that pathological regression to, or arrest at, anal erotism is characterized by obstinacy. It has also often been noted that a dominant anxiety gives place to grief when the genital phase is exchanged for a particular oral-anal phase. When we touch

on oral sadism in our analyses, the result is nearly always an outbreak of rage, following on expressions of mockery and scorn.[23]

A general description of affective objects can be given in a few words. A new-born baby has only *one* object, which comprises the ego and the external world. It is only gradually that the two are separated. The body remains the common territory of both. Accordingly, primitive reactions have only *one* object, i.e. the continuum ' subject—body—external world '. In the case of the affects, too, the relation to external objects is at first very loose. Our own ego, however, as I have shewn in the first part of my paper, is the principal object of our affects and they intensify our perception of it. As time goes on and the libido develops, sexual objects play an ever greater part in the affects, which by a process of libidinization have been finally transformed into passions.

I know that in this paper I have only been able to contribute a few suggestions towards the theory of affects. The most important point that we can assert in our present state of knowledge is that the individual passes through an infinitely complicated evolution of his affects, which repeats in part the history of the race. The study of the affects presents great difficulties but gives promise of momentous discoveries.

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[23] In my description of the separate effects I have several times referred to other affects with the same characteristics. Regression and progression take place along the lines indicated by these resemblances, or they may be the points at which composite affects and super-affects amalgamate

EGO-DISTURBANCES AND THEIR TREATMENT[1]

BY

OTTO FENICHEL

LOS ANGELES

It has frequently been pointed out in recent years that the ego has taken the place originally occupied by the instincts as the chief object of psycho-analytical investigation. Freud, in his book *The Ego and the Id*, opened up the realm of ego-psychology by introducing the so-called structural point of view: that is, the conception that, under the influence of the external world, an organ resembling an exterior layer covering the pith of the unconscious instinct reservoir of the id gradually becomes differentiated and acts as a mediator between the organism and the external world. In accordance with the traditions of psycho-analysis, which was from the first a genetic psychology that attempted to understand the finished structure from a developmental point of view, ego psychology has become primarily concerned with the origin and development of the ego. As a matter of history, it is by no means the case that systematic analysis was employed from the beginning to reduce to their unconscious components and historical genesis the resistances preventing the discovering of the id; to begin with, on the contrary, unsystematic analysis and every variety of suggestion had the effect of putting these resistances out of action. Only the knowledge thus gained of the instincts—the so-called 'biological' part of the human personality—made the study of the rise of the opposing forces possible. With ego research, as has repeatedly been said, psycho-analysis once more approaches the non-analytical psychologies. Adler was right in saying that problems of character, in particular those of 'directive lines', 'fictions' and 'arrangements'—all the tricks by which the defensive ego avoids facing unpleasant realities—had long been neglected. But it was owing to this neglect that psycho-analysis was able to obtain the means it lacked, so that to-day it is possible for us to make an approach to the problem which is not merely descriptive or teleological. The problem of form also admits of a genetic approach. The superficial mental variations in individual human beings as well as in different races and periods were, it is true, recognized later than the comparatively undifferentiated, more uniform instincts; they were, however,

[1] Read before the British Psycho-Analytical Society on January 25, 1938.

recognized in terms of their genesis and explained as the result of the influence of certain types of external stimuli on comparatively constant instinctual structures. Ego peculiarities—like everything non-instinctual in the human mind—are understood to have developed from instincts under the influence of the external world. The cellular theory, for example, does not assert that all living substance consists of cells: it is justified if it succeeds in proving that the non-cellular components of living substance, peripheral nerves or intercellular substances, for example, are all produced by cellular activity. In exactly the same way, the psycho-analytical instinctual psychology will be justified if it can show that the non-instinctual mental formations are derived from the instincts under the influence of the external world. It is for this reason that Freud's short paper on 'Negation' [2] appears to me to be of fundamental importance to ego psychology: in it the function of judgement, apparently far removed from anything instinctual, is proved to have arisen from the instincts.

It is essential to find a mean between two extreme points of view, both of which are obviously equally wrong. The supporters of the first are still so engrossed in the original discoveries of psycho-analysis that they are only interested in the deepest, genetically earliest, layers—the still undifferentiated basis which is similar in all men. They are not interested in comprehending the surface as the differentiated product of the instincts (which had been earlier recognized) but proceed no further than the first task—that of comprehending those instincts. They misunderstand the nature of psycho-analysis as a 'depth psychology', since they think that only the depths are interesting. To explain a manifest phenomenon they mistakenly think that only its deepest and most undifferentiated instinctual basis is of importance—whereas events that occur later under the influence of experiences arising from that basis are in fact usually of greater importance. This position may be clearly exemplified by the attitude of some analysts to the phenomenon of so-called 'pseudo-sexuality'. Since they find the effects of concealed sexual components behind many superficial masks, they therefore believe that they are gaining access to these instinctual components whenever they meet with any form of manifest sexual activity. Sometimes, however, external sexual actions may form a superficial layer covering a strong sexual inhibition which its subject wishes to repudiate.

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[2] This JOURNAL, Vol. VI, 1925.

The supporters of the opposite extreme so concentrate attention on the differentiated surface that they neglect the specifically analytical point of view ; that is, proof of differentiation from instinctual origins. Some time ago, for example, I felt it necessary to utter a warning against the danger arising from the recognition of the so-called ' libidinization of anxiety ', of seeing in the libido only a neutralizing agent for anxiety and ignoring its genuine biological nature. The recently published volume upon *The Neurotic Personality of Our Time*,[3] by Karen Horney, furnishes us with an example of such neglect of the importance of ego-dystonic forces in the motivation of the human mental phenomena recognized by psycho-analysis. It speaks up courageously for ego-psychology, for the complexity of the current processes in the unconscious parts of the ego and for the necessity of a thorough investigation at precisely the points at which some analysts believe that they can pass lightly over ' surfaces '. Even more courageously, it stresses the importance of existing social and cultural circumstances for mental phenomena—and in particular, for the neuroses. But it empties out the baby with the bath. It discards the biological point of view along with the biologistic one. It forgets the id while concentrating on the differentiation of the ego and takes from psycho-analysis its biological basis—that of instinctual needs.

One asks oneself, when reading such works, how it is possible to forget the libido theory to such an extent when its importance has once been comprehended. One easily finds an answer : bitter necessity, rather than the systematic progress of analytical research, has turned our attention to ego processes. The neurotics who demand analytic treatment to-day differ from those who went to Freud thirty or forty years ago. It is clear that analytical practice and theory must be adapted to these changed forms of neurosis ; thus it may happen that instead of being applied to this new field, the fundamental principles of Freudian psychology are discarded as unsuitable.

The differences between the ' modern ' and the classical neuroses have often been described. In the classical neuroses there was a comparatively intact personality—disturbed at certain points by inappropriate actions, impulses or thoughts which were felt to be completely foreign to it. The personality of the modern neurotic does not appear to be uniform but is torn or deformed and, in any case, so involved in the illness that one cannot say at what point health ends and illness

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[3] London : Kegan Paul, 1937.

begins. There is a very gradual transition from neurotics to those 'psychopaths' and persons with 'character anomalies', who themselves feel their need for treatment less than do the people around them.

It would be a fascinating task to investigate the real cause of this change in neurotic forms. This, however, lies outside both the competence of the analyst and the scope of this paper. I merely wish to suggest where I should look for the answer to this question. The method and manner in which the ego admits, repels or modifies instinctual claims depend to a large extent on the way in which it has been taught to regard them by the surrounding world. During the last decades morality, this educational attitude to the instincts, has changed very much in our European and American cultures. Classical hysteria works chiefly with the defensive mechanism of genuine repression, which, however, presupposes a simple prohibition of talk concerning the objectionable instincts, chiefly sexual, which upbringing has consistently represented as bad. The inconsistency of present-day education, itself undecided as to which instinctual claims to allow and which to suppress, results in initial licence and subsequent sudden, unexpected and therefore more cruel deprivation. This inconsistency in education corresponds to the inconsistency of the neurotic personality. The change in the neuroses, it seems to me, reflects the change in morality. In order to understand this, however, one would have to investigate the sociological changes which have taken place in our culture in the last decades. In any case, the present-day neurotic characters appear to us to possess egos restricted by defensive measures: they lose energy through their continual anti-cathexis, and lose differentiation through renunciation, because, owing to their inability to respond to external stimuli by any but set reactions, they are lacking in vivacity and elasticity. Freud [4] has said that 'it is always possible for the ego to avoid a rupture in any of its relations by deforming itself, submitting to forfeit something of its unity, or in the long run even to being gashed and rent. Thus the illogicalities, eccentricities and follies of mankind would fall into a category similar to their sexual perversions, for by accepting them they spare themselves repressions.' Since the maintenance of these eccentricities must surely correspond to the anti-cathexis type and demand an expenditure of energy, it would perhaps be more correct to say that their formation corresponds to a single definite act of repression, so

[4] 'Neurosis and Psychosis', *Collected Papers*, Vol. II.

that the necessity for subsequent separate repressions, which would require more energy, and separate anxiety situations is avoided. In this way, the ego-restricting attitudes, which act as chronic anchorages of instinctual defence, are not experienced as ego-dystonic symptoms but are worked into the ego. Their constant operation prevents the instinct from becoming manifest so that we see no living conflict between instinct and defence but something rigid which does not necessarily appear to the patient himself as questionable. The question for us lies in the relative constancy of the defensive attitude assumed by the ego when faced by different demands both from the external world and from instinctual contents.

It might be asked whether we are justified in considering that all these ego-alterations are built according to the plan of obsessional neurotic reaction formations, that is, as displays of anti-cathexis, hindering the expression of contrary instinctual attitudes, which, nevertheless, can still break through in various ways. Some pathological attitudes give the impression of attempting to satisfy instincts directly rather than to suppress them.

It would, of course, be incorrect to consider that the word ' character ' is synonymous with the expression ' defensive attitudes rooted in the character '. The organization of instinctual energies, the way in which the ego behaves in relation to instinctual actions, how it combines its various tasks in order to find a satisfactory solution—all these, too, go to make up character. Psycho-analytic characterology will probably have to make a fundamental distinction between those character traits in which, possibly after alteration of aim and object under the influence of the ego, the original instinctual energy is discharged freely and those of the defensive type—in which psychoanalysis, as an ' unmasking ' psychology, has proved that the original instinctual attitude, which is contrary to the manifest attitude, still exists in the unconscious. The second type of attitude is betrayed either by its cramped nature, by the occasional breaking through of that which has been repressed, or merely by the amount of energy consumed, resulting in inhibition due to general economic impoverishment. Since we wish to discuss ego disturbances, we shall confine our attention to this second type of attitude.

We must also remember that just as there is a pseudo-sexuality which appears to be a sexual attitude, but in which there is in reality a sexual defence, so there are ego attitudes which appear to be instinctual but which serve chiefly a defensive function. We must therefore

learn to use the expressions ' defence ' and ' instinct ', and ' ego ' and ' id ' in the relative sense in which they are intended.

To explain what I mean, I should like to remind you of an idea advanced by Alexander.[5] He considered that there were two types of neurosis. The first type was produced by a fundamental conflict between an instinct and a defensive impulse on the part of the ego—for example, between an Œdipus wish and a fear of being castrated for it ; the second type was produced by a conflict between two instincts —for example, between an Œdipus wish and a passive, feminine desire for castration. I am of the opinion, however, that the nature of the id is such that no contradictions are possible in it : instincts with contradictory contents can be satisfied one after the other—sometimes even by common derivatives (representation by the opposite). There *is*, of course, the second type of neurosis ; but the instinctual conflict at the bottom of it is always a structural conflict as well, in that one of the opposing instincts is always nearer to the ego—sustained by an ego defence or strengthened for purposes of ego defence, so that although it is an instinct, it acts as an instinctual defence relatively to the more deeply repressed instincts. We have only to imagine the dynamics of the mind clearly enough. It is not a case of one instinct fighting against a defensive impulse ; there are always variations—a lively fight and a reciprocal penetration. A defence rarely brings a fight to a decisive standstill, since the rejected impulses nearly always break through the defence and there follows further repression of the defence, which itself includes instinctual components. There are reaction-formations against reaction-formations. In addition to the three layer arrangement—instinct, defence, instinct breaking through again—there is the arrangement—instinct, defence, repression of the defence. A man, for example, who has become passively feminine from castration anxiety may over-compensate this defence by particularly accentuated masculine behaviour.

The technical rule, ' Defence interpretation precedes id interpretation ', does not always mean dealing with one topic while ignoring another ; it often means that certain qualities or connections of a topic are dealt with before certain others. I would remind you that the analysis of so-called ' impulsive characters ' shewed that in them there is not a genuine lack of instinctual suppression—that they do

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[5] ' The Relation of Structural and Instinctual Conflicts ', *Psychoanalytical Quarterly*, Vol. II, 1933.

not, like animals, give free expression to their instinctual impulses with unbroken narcissism. It shewed, on the contrary, that—in so far as there has not been a complete breakdown of certain defences—their structure is like that of the perversions, where the necessary condition for maintaining the defence against one instinct is the expression of another.

We can therefore describe all the ego disturbances which interest us as, fundamentally, ' defensive attitudes '. In considering the defensive attitudes of an individual, we can divide them into those which are occasional, and those which are habitual. We can further divide the habitual group, since there are some individuals who adopt a certain defensive attitude only in certain situations, while others remain in a comparatively constant defensive attitude, suggesting that the instinctual temptation which must be repressed is continually present. There are people who are impudent, polite, indifferent, or ready to prove others at fault, in all situations and to all or nearly all people. Such attitudes may be described as ' character defences ' in the narrower sense in contrast to other types of defence.

Can the appearance of such character attitudes in relation to the analyst be described as ' transference ' ? If one defines transference as the repetition towards the analyst of attitudes previously found in other situations, or if one defines transference as misunderstanding the present in the sense of the past, the answer is ' Yes '. These, however, are not specific reactions to the analyst which change as the situation changes ; these attitudes are neither specific for the analysis nor for any past situation, but are rigid, general, and unspecific. They cannot therefore be compared with the ' transference situation ' in that more exact sense which means that the patient reacts in an agile and specific manner to the analyst just as in the past he reacted, or wished to react, to a definite person. What factors determine whether a patient produces lively transference-resistances or rigid character-resistances ? Is the determining factor the question whether the defence was formed at an earlier period, at a time when the ego, still only capable of relationships with part-objects, was indifferent to the people around it ? Or is it that real object-relationships were present only in the first group, while, in the second, people in the external world were used only as a means to relieve an endopsychic conflict ? It is certainly more valuable to assume that the difference depends on whether an instinctual conflict has developed from its original position and spread over the subject's whole life, or whether it has remained

localized in one place. It depends, in other words, on whether the ego shuts out the anxiety and the symptom after their first appearance by continued repression—a repression which is then broken through in the transference situation—or whether the ego builds them into itself and so changes its own nature. I wish here to make a slight digression. Alexander [6] has asserted that the ' neurotic character ' (defined by him as one in whom the unsettled conflicts of childhood continually urge him on to perform purposeless actions in the present day) is more easily influenced by psycho-analysis than a patient with a symptom neurosis. The reason for this, he says, is that in the latter the subject has regressed from the alloplastic to the autoplastic, so that after a successful analysis he must pluck up courage in order to make the next step, which is to take action in real life ; whereas this necessity does not arise with the neurotic character, who is continually acting out his conflicts in real life. I should like to contradict this thesis emphatically. The pseudo-alloplastic attitude of the neurotic character cannot be changed into a healthy alloplastic one except by first being turned, for a time, into a neurotic autoplastic attitude, which can then be treated like an ordinary symptom neurosis. Internal conflicts which involve hardened pseudo-object-relationships must first of all be changed back into internal conflicts and must be dealt with as such before normal object-relationships can take their place. We may thus state a technical rule : in order to be able to treat character-resistances, one must first of all change them into transference-resistances.

We have now reached the technical problem about which I really wish to speak, namely, the treatment of ego disturbances. Once one has grasped the nature of these ego disturbances, the therapeutic task is easy to describe theoretically. It is only necessary to keep the principle of the psycho-analytic method in mind. That method demonstrates the derivatives of repressed material as such and so leads to the toleration of less and less distorted derivatives and gradually confronts the ego with its repressed contents ; in thus removing the isolation of those contents from the whole personality and allowing the repressed instincts to catch up with the development which the ego as a whole has passed through in the meantime, it changes infantile into adult sexuality, and so makes an ordered sexual life possible, with consequent development of sublimations and condemnatory judgements on the part of the ego.

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[6] ' The Neurotic Character ', this JOURNAL, Vol. XI, 1930.

In applying this principle to the chronic defensive ego attitudes, we see first of all that we can only reach the repressed instincts by gradually undermining the opposing defences, which can always be demonstrated earlier than the repressed impulses themselves. When analysis wishes to make unconscious material accessible to the ego and to connect up with the ego apparently involuntary happenings, this connection seems incredible to the patient as regards his symptoms. Attempts of this sort in relation to the symptoms are therefore contra-indicated as being what might be described as ' too deep ' interpretations. The secretly active component in apparently passive experience can only be demonstrated by showing at the most superficial point that the patient hinders his impulses and their outlet and how he does so. There is one difficulty about this. The unconscious instinct which presses forward to consciousness and motor discharge is our ally, the defending ego is our enemy. This is true, but we are in the position of a general who is separated from his allies by the enemy's front. In order to combine our strength with that of the rejected instinct, we must first of all reach it. For this we need to enlist a further ally, the reasonable ego, which is accessible to us. This requires to be separated from the defending element. To continue the comparison, we must first of all undermine the enemy's front with propaganda and win over a large part of his force.

When, therefore, a patient with ego disturbances actively demonstrates them in the same way in which (let us say) an obsessional neurotic draws attention to his obsessive symptoms, the further procedure of the analyst seems fairly straightforward. Difficulties may arise, however, when the patient does not recognize in himself what the analyst perceives—i.e. a rigid attitude in which the chief part of the energies which the analysis aims at setting free is tonically bound—, or when the nature of such an attitude is such as to interfere with the process of analysis. The analytic procedure relies on the co-operation of the reasonable ego, to which it demonstrates unnoticed instinctual derivatives. Freud,[7] therefore, has said that ' a fairly reliable character ' is one of the preliminary conditions for successful analysis. And yet we are now discussing the possibility of treating an ' unreliable character ' by analysis. Freud, in his recent paper,[8] has emphasized the fact that the ego disturbances which result from some infantile

[7] ' On Psychotherapy ', *Collected Papers*, Vol. I.

[8] ' Analysis Terminable and Interminable ', this JOURNAL, Vol. XVIII, 1937.

instinctual conflicts form one of the chief hindrances to the therapeutic efficacy of analysis. Analysis has often been forced by necessity to occupy itself with the problem of character-analysis, a problem which also arises from the simple reflection that, from the dynamic point of view, in analysis our aim is to remove resistances, not to strengthen unconscious instincts. The recent book by Anna Freud,[9] which has been quoted by Freud, also shows the principle on which we base our work : we split the ego, as it were, and demonstrate its attitude to the observing reasonable element which is still present. We let the observing element feel that this attitude is tendencious and self-made ; we disclose its purpose and finally reduce it to the historical situation in which it was formed, just as we do with symptoms, which are more in the nature of distorted id-expressions.

' This must not be taken to imply that they [the ego difficulties] make analysis impossible. On the contrary, they constitute half of our analytic task.' Freud is here referring to the confrontation of ego-analysis and id-analysis by Anna Freud. She is of the opinion that in order not to be one-sided both are necessary ; the task is to made the id accessible by means of ego-analysis. Before the defensive front has been broken down, it would be useless to point out an unconscious instinctual claim. But this half of the work is very difficult. First of all, it is necessary to bring about the division of the ego previously mentioned. The defending part of the ego, which is interested in maintaining the resistance, is our enemy, and the reasonable element, the ego which could help us, is, to begin with, powerless against this defending element. It belongs to the nature of resistance that it will not let itself be discovered without resistance. The possibility of mastering this difficulty depends upon quantitative factors. In addition, a part is played in the ego-attitude by constitutional factors over which we have no influence. ' The psychological peculiarities of families, races and nations, even in their attitude towards analysis, admit of no other explanation.' We also think it possible that an exact historical analysis of the defences would teach us that members of the same families, races and nations are often exposed to similar external influences in childhood ; even if this factor is taken into consideration, however, a constitutional remainder is left. Those factors described by Freud in *Inhibitions, Symptoms and Anxiety* as ' resistance of the id ' must also be considered. An obsessional neurotic

[9] *The Ego and the Mechanisms of Defence*, 1937.

patient once compared the attempt at curing a neurotic with the help of his reasonable insight, precisely when that insight has been disturbed by his illness, with trying to dry a man, who has fallen into the water holding a towel, with the towel that has been made useless by the very set of circumstances which it is hoped to remedy. What one must do is to find the ' dry places ' in the towel—that is, to work with the healthy remainder of the personality, which increases in size as analytic work progresses ; in cases where this healthy remainder appears to be lacking, it must be produced by a preparatory pedagogical period.

This, then, is the situation with which we are concerned. To begin with, there was a conflict, urgent and alive. The subject withdrew from this struggle by means of a permanent ego-alteration. The forces, which at one time opposed each other, are now wasted in the useless and hardened defensive attitudes of the ego : the conflict has become latent. It is only by dividing the reasonable observing ego from the automatic, defensive, experiencing element, that we are able to set free the bound energy, and thus to re-activate the old conflict, in much the same way as we do with every transference interpretation.

Does it therefore follow, according to our view, that every obsessional character must experience acute anxiety during the course of an analysis ? I do not think he need necessarily experience these anxiety attacks in their full force ; though this is true only because they can be avoided by correct doses of analysis. I am, however, of opinion that he is theoretically liable to experience such attacks as had been previously avoided by means of his obsessional character. The substitution of mobility at points which had become hardened must not be produced by shock ; analytic results must from their nature be produced gradually. Obsessional neurotics may experience anxiety attacks during the course of an analysis and one need not fear them. I am, however, sceptical about analysts who are too fond of such upheavals. When a patient is too phlegmatic at the beginning of an analysis, one does not know immediately whether this is due to a real lack of affect, or to the suppression of a particularly strong affect—just as in the case of a dream fragment that is devoid of affect, where it is not clear at first whether the lack of affect is due to the unimportance of the fragment or whether the expression of affect has been prevented by anti-cathexis. Two locomotives of the same strength under full steam and pulling in opposite directions do not move any more than two unfired locomotives. But just as the con-

sumption of coal would show which was the actual state of affairs, so in the case of the patient does the consumption of energy. The phlegmatic attitude as a form of defence is either very fatiguing or is revealed by rigidity in all or particular parts of the muscular system. A patient can inform us that the action of his bowels is in order in a manner that shows that his anal-erotic conflicts are unsettled just as clearly as if he informs us that he suffers from continuous constipation or diarrhœa. In such cases, the associations, too, emerge so characteristically ' in order ' that it is clear that one must first reduce them to disorder before bringing them back into real order. It is comparatively easy to see what must be done ; the correct analytical task is to thaw the frozen energies of the phlegmatic attitude. It is, however, much more difficult to fulfil this task—to find the place where the system is most insecure, where the neurotic defence is weak, the points and times, in other words, where the fight between instinct and defence has remained most alive. What has to be done is to rectify displacements, undo isolations and lead back affect traces to where they belong.

I am therefore of the opinion that the general technical rule that ' The patient determines the subject of the session ' requires a reservation. One cannot, of course, force on a patient what does not interest him. You will remember, for example, how the attempt of Little Hans's [10] father to interpret the Œdipus complex necessarily failed because, at the time, anal-erotic material was uppermost. It is by no means always by what he talks about, however, that the patient ' determines the theme,' but often by not talking, or by the way in which he talks, or by what he does. In this connection attempts at more systematic analysis are frequently misunderstood. We cannot give the analyst directions that will be applicable to every case. It seems, however, that some things which are not mentioned by the patient spontaneously are shown involuntarily, and that it is then the task of the analyst to speak about them. This is not a particular kind of ' activity ' on the part of the analyst, it is dynamic interpretation. One must always work at the point at which the affect is really located at the moment ; moreover, since the patient may not know where this is, one must seek first of all to find it.

Our opinion—that ego-disturbances are only amenable to analytic treatment in so far as latent conflicts are changed into current ones—

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[10] ' Analysis of a Phobia in a Five-Year-Old Boy ', *Collected Papers*, Vol. III.

appears to contradict Freud's statement in ' Analysis Terminable and Interminable ' [11] that precisely this is impossible. We must, however, ask ourselves whether by the mobilization of latent conflicts Freud means the same as we do. His arguments as to the incompleteness of what analysis can achieve, since something of that which has been overcome must always remain even when a higher stage in mental development has been reached, are extraordinarily clear and compelling. It seems to me, however, that precisely this statement of Freud's indicates the task of an economically correct guidance of analysis, namely, of attacking at the exact points at which the decisive conflicts are present at that moment in a latent form. To our surprise, however, Freud writes that one would have to ' turn a possible future conflict into a present one ', but that this is not possible : for, he says, ' tempting as it may be to our therapeutic ambition to propose such tasks for itself, experience bids us refuse them out of hand.'

In order to transform a latent instinctual conflict into a present one, he goes on, ' clearly there are only two things we can do : either we can bring about situations in which the conflict becomes actual or we can content ourselves with discussing it in analysis.' The first is not possible and because ' we have so far rightly left to fate ' the task of bringing fresh suffering into life. The second is useless since mere discussion will not help any more than reading Freud's works will cure a neurosis. It is easy to reject these two alternatives ; but it is not so clear that these are the only two possibilities. There is a third one. It is a question of mobilising latent conflicts, not of creating conflicts which are not there. Latent conflicts are never entirely latent. The analyst is accustomed to divining the presence of great conflicts lying behind the smallest sign. It is his task to shew so clearly to the patient the ' reality ' of these conflicts, to make these signs so objective, that his ego can recognize them as rationalizations, irruptions and derivatives of the latent conflict behind them. It seems to me that if we wish to settle the latent conflict, to make the decisive part of the hardened instinctual energy capable of discharge, and so to restore mental health, we must indeed first ' turn a possible future conflict into a present one '. This means that we must in fact provoke situations in which the conflict becomes actual—but neither by playing the part of fate in the real life of the patient, nor by joining in the transference through systematic, artificial behaviour of our own, but by

[11] This JOURNAL, Vol. XVIII, 1937.

psycho-analysing those points at which the latent conflicts shew themselves and by demonstrating their derivatives and making objective the attitude towards them taken by the observing ego.

What is the aim of this mobilization ? It is the reduction of the ego-attitudes to those historical situations in which they were originally formed. The special quality of those attitudes depends on a number of factors : partly on the hereditary constitution of the ego, partly on the nature of the instincts against which the defence is chiefly directed, partly on the age at which the child experienced this instinctual conflict. In most cases, however, the analysis succeeds in shewing that the special attitude was forced on the individual by the external world, either because it was the most suitable attitude in a given situation or because of some past identification.

A special problem in the investigation of this historical situation is the so-called ' defence transference '. This is no doubt caused by two things. The first is the general human tendency to order one's actions according to experience, to retain whenever possible something which has once proved to be expedient, to encounter a danger in the same way that has previously proved useful against a similar danger, even when in the meantime changes have taken place which make what was previously suitable manifestly unsuitable. The problem remains why a previous ' danger situation ' is experienced as such even when it has ceased to be one. The answer is a dialectic one : precisely because of the defence achieved at that time, the whole conflict was separated from the reasonable ego ; the capacity to judge this type of danger has consequently not developed in the meantime with the rest of the personality.

In the second place, the individual wishes to ' transfer his instincts '. He always strives after the same satisfaction, but his ego always responds to these strivings by producing memories which once aroused anxiety. When, in the process of psycho-analysis, the highly unpleasurable ' passing of the Œdipus-complex ' is repeated in the transference, it is only in a relative sense that this repetition appears to be ' beyond the pleasure principle ', since the individual still strives for the pleasure of instinctual satisfaction : it is the external world which forces the ego to experience pain instead of the desired pleasure, in order to avoid even worse pain.

If it be possible to reduce ' ego fixation ' and ' ego regression ', like ' instinctual fixation ' and ' instinctual regression ', to a definite historical psychogenic situation, then one must be clear as to the exact

meaning of these words. Ego fixations and ego regressions may involve the *whole* ego—constitution and experience functioning, as usual, as a complemental series—, in which case we are faced with an ' infantile type ' ; or *part* of the ego may be involved, which, again, can have various implications.

Single ego functions may retain certain features of the primitive phases for an unduly long time, or may assume them again. In this sense we can describe the ' eidetic type ' as perception fixations. Or the way of thinking may have retained a more magical character than is normal. This happens, for instance, with every obsessional neurotic, in whom a very early and strong intellectual development contrasts sharply with the beliefs in omnipotence and the law of talion which characterize the unconscious parts of the ego. The manner of treating objects may also shew primitive features : there may be fixation at the preliminary stages of love, at the aims of oral incorporation, or at the regulation of self-feeling of little children. Finally (and, despite its fundamental importance, attention has only been turned to this during the last few years) the ego-fixations may be restricted to certain kinds of defence—about which we have already spoken—which the ego habitually uses whenever it objects to an instinct.

It is, perhaps, also important to mention that the words ' ego ' and ' id ' (here as elsewhere) must not be taken too rigidly. On closer examination of even an ordinary instinctual fixation, one usually finds that this is due not only to a particular satisfaction or frustration of the instinct in question, but that the fixation serves, at the same time, as a defence or a reassurance, in that the satisfaction of an instinct is particularly suitable for the purpose of denying or repudiating the anxiety produced by another instinct. ' Instinct fixations ' thus have a structure similar to that of the perversions. On this matter, I must therefore admit that Mrs. Riviere [12] was right when she maintained that this was true of jealousy, whereas I was of the opinion that an oral-sadistic fixation could only be explained by the mere

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[12] [Mrs. Riviere contributed a paper on ' Jealousy as a Mechanism of Defence ' to this JOURNAL, Vol. XIII, 1932. It was discussed at some length by Fenichel in his ' Beitrag zur Psychologie der Eifersucht ', *Imago*, Bd. XXI, 1935, to which Mrs. Riviere replied in a postscript to the German translation of her original paper, ' Eifersucht als Abwehrmechanismus ', *Internationale Zeitschrift für Psychoanalyse*, Bd. XXII, 1936.—*Trans.*].

experience of having been ' spoilt ' in that sphere. (She reproached me for not taking the unconscious phantasies of the patient seriously enough because I put ' *etwa* ' before a formulation which remained vague. My answer to this is that the phantasies of the pre-genital period *are* vague and can never be exactly reproduced in words.)

I should now like to attempt to shew the historical genesis of defensive attitudes by a few examples. Lack of time forces me to choose examples in which the attitudes in question are anchored in the character and of a very conspicuous nature, so that the historical circumstances which necessitated these attitudes may appear macroscopically understandable. As I cannot give three complete case histories, I must limit myself to relating their chief features. I am convinced that these cases do not offer any very special features but that similar features can be found in every analysis. It is precisely because of this that they appear to me such characteristic examples of what occurs in the treatment of ego-disturbances.

The first patient I am going to describe could be called ' a Don Juan of achievement '. A successful and, in his own line, prominent man, he was in fact always dissatisfied with himself, always striving after higher achievements, with external success, but no sense of inward satisfaction. In a like manner, he was always trying to increase his quite adequate income and was unable to overcome his anxiety that it might be insufficient. He behaved in the same way in his love life : although women ran after him and he had one success after another, he always felt inwardly dissatisfied—which is understandable, since these relationships were completely lacking in tenderness and had none of the characteristics of a real object-relationship. It is clear that the man was so dominated by an overwhelming narcissistic necessity that the libidinal aims of his instincts were completely overshadowed. The man was married to a woman considerably older than himself, who, in some ways, behaved towards him as a mother does to her child ; she acted, that is, in many ways as a guardian to him, so that he, the big, successful man, was more like a little child at home. He found this dependence very oppressive, it is true, and was in the habit of revenging himself on his wife by attacks of rage, by continual unfaithfulness and by complete lack of consideration. Thus each of them made life a torture to the other. The first defensive function of his persistently unsatisfied wish to be a great man must therefore have been to deceive himself with regard to the fact that he was a little child in so many ways—one of which was his complete

lack of consideration to the person who mothered him. This impression is strengthened by the knowledge that his wife was continually goading his ambition, just as his mother was in his childhood. The realization that there was something behind his continued dissatisfaction, which persisted despite all his external successes, and the truth of which he did not wish to admit, was gained in transference analysis. As in every other province, he was very ambitious in analysis and wanted to impress both me and himself by his quick success. At the outset, after he had read Freud, he was forthcoming with theories about his childhood; he grasped comparatively quickly, however, that this was not what mattered to me, and then began to observe himself and his behaviour, and to behave like a 'favourite pupil', continually stressing, however, the fact that the analysis progressed too slowly and that he was not satisfied with himself. On one occasion, at the last session before the holidays, he came late, because, just as he was starting for his analysis, he had a sudden attack of diarrhœa, and this for the first time shook him very much. The bowels putting in their say made him experience the reality of the analysis in an entirely new way. He realized that his continual haste only served the purpose of drowning something else in him. The analysis explained this richly over-determined diarrhœa in the first place as an anxiety equivalent; it then brought this at first incomprehensible anxiety into relation with his anxiety of insufficient success, insufficient sexual objects, and insufficient earning. It was then discovered that the character formation of the patient had been complete in childhood. He had always been go-ahead, cheeky, outwardly successful; he had always been the first, even in being naughty, but had, nevertheless, always been dissatisfied with himself. In this behaviour he had obeyed his mother, who had always been very ambitious for her son and had always urged him on to further deeds. When it appeared that, at bottom, his mother had despised his father, who was a tradesman, and had always said to the boy, 'You must do better than your father', etc., it became clear that his behaviour expressed a particular form of the return of the Œdipus complex out of repression; it was not yet intelligible, however, why it had taken this form—why it had this essentially narcissistic note. Various things soon became more obvious, however: his father had illegally sold certain goods, the sale of which was only permitted by special concession; the policeman, therefore, was a dreaded figure in the patient's childhood. In the eyes of the boy, this considerably reduced the power of the father; he determined

not to be frightened when he was big, but to make policemen afraid of him. (He remained faithful to this intention : as a motorist, he loved to get policemen to intervene unjustifiably, and then afterwards prove them to be in the wrong.) The circumstances at his home, moreover, were such that at times he had to stand behind the counter and serve when he was six years old. The customers liked the little boy, and chose to buy from him ; he felt this to be a triumph over his father, whom he already regarded as weak. There were, also, two later experiences, which particularly accentuated both the continuous need to show his superiority in some such way and the impossibility of satisfying that need.

At the age of fourteen, in the first place, he was seduced by a maid, with whom he had regular sexual intercourse from that time on. This episode had been changed in memory, to make it appear that it was he who had, at this age, seduced the grown-up girl. It needed analysis to convince him that it had happened the other way round, and that the whole of his later attitude to women was an attempt to alter this to him painful memory in accordance with his wishes. This attempt, by the way, failed in a typical manner : he intended that the large number of women whom he persuaded to have intercourse with him should convince him of his active masculinity which he unconsciously doubted ; more detailed analysis, however, showed that he arranged it so that he seduced the women into showing their willingness and that it was only when he saw this that he was not able to resist them. At seventeen, in the second place, he had an abscess on the lung for which he was operated on several times and which kept him in bed for months and convalescent for years—so that he had to be passively nursed like a little child.

He gradually became afraid of the transference in analysis, afraid that he might become ' enslaved ' to the analyst. His transference attitude was intended from the beginning to repudiate this anxiety. He attempted, even then, to disparage the analyst and to find ' policemen ' who were superior to him. The expected then proved to be true : the six-year-old salesman could not feel completely superior to his grown-up father in the rôle of tradesman. His father, who used to beat him a great deal, had been greatly feared by him in earlier years. His relation to him had completely overshadowed his relation with his mother, and, in consequence, his being needed by his father for business purposes had an additional libidinal value. The passive narcissistic attitude was suggested to him in his early childhood by particular

circumstances including, among others, illness, strict prohibition against masturbation which put an end to his early phallic attempts and the strictness of his father who beat him. It was, however, owing to the same set of circumstances that he feared this attitude. In this conflict, his mother's ambition, the disadvantageous comparison of his dreaded father with the policemen, and his own success as a salesman showed him a way out: by a continuous outward fight against his passive-narcissistic attitude, he was able to retain it at other points. The seduction by the maid and his illness after puberty then fixated these latter defensive attitudes in his character.

In a paper upon pseudologia,[13] I have reported the case of another patient. Her lies obeyed the formula, 'If I can make them believe what is not true, then perhaps what I remember as true is only a lie', and so contradicted her sadistically understood memories of the primal scene. The attacks of anxiety which brought her into analysis arose at precisely the point at which this system of repudiation had broken down. Originally she had deceived not only others but also herself, in that she pretended that what she wished to refute, in order not to be afraid, was a 'lie' or a 'game'. She sometimes, for instance, decided, in order not to have to go to school, to simulate an illness by rubbing the thermometer until it reached 100° and then going to bed. It happened on one occasion that when she took the thermometer out it showed 101°. She had the impulse to simulate illness when she really felt ill; she did not wish to become aware of this fact and sought to dispel it by means of 'truth-lies'. The analysis then showed how deeply-rooted was her fear of illness: she had used the warnings of an over-anxious mother, who was herself continually thinking of prophylaxis against tuberculosis, in order to displace her anxiety in relation to the primal scene on to an anxiety in relation to illness. In my paper I did not have an opportunity of describing the terrible extent to which this patient was 'introverted' as a whole—that is, had withdrawn herself from reality and lived only in her phantasies. Her latent anxiety was only bearable on condition that she regarded reality itself as a kind of game. In the course of analysis she discovered that she was continually in a state of tension, always waiting for a curtain to fall so that the play would be over and she could begin with real life—an idea which of course she could not define. We know that there are two kinds of thinking, one in words, which is a prepara-

[13] 'Die ökonomische Funktion der Pseudologie', not yet published.

tion for reality, and an archaic visual kind, the imaginative preconscious thinking, which takes the place of reality when it is unpleasant. Some people appear to have completely given up the first kind out of fear of reality, and to have developed the second kind very highly. One might ask why wish-fulfilling, pain-denying phantasies are not used much more generally. In an adult person this would surely mean an almost psychotic condition, and my patient could be called almost psychotic in more than one respect. That does not explain why almost psychotic defensive types are not much more common. It is certain that, wherever possible, the ego acquires ' excrescences, oddities and peculiarities ', hard to get rid of once the period of primitive denial is finally past.[14] This is one more reason why we must try to understand the determining condition for the retention of denial in this case, since we are now dealing with this kind of ego-disturbance.

The peculiar character of my patient's parents was a sufficient explanation of the conditions which made this way out possible. The patient was an only child, and was loved and spoilt by her parents to an unusual extent. Her mother's exaggerated fear of illness had pleasant as well as unpleasant consequences for the child : the fact that all her cares were taken from her, her well-being always cared for in every way and all her wishes fulfilled was certainly pleasant ; but the fact that she was given an enema every day, and that early disturbances of eating led to a great fuss being made about her meals (she was not allowed to eat this and that, and had to eat other things which she did not like) was highly unpleasant. She was relieved of the need for any sense of reality. ' I did not know when I ought to go to the lavatory ', said the patient, ' because mother always sent me out at the right time ', and analysis showed that she was right. She learnt at home and did not go to school until she was about ten ; at that age she could not eat alone or put on her coat unassisted. It was no wonder that the other children thought she was an idiot. Since her aloofness from everything practical had proved compatible with good intellectual development, she revenged herself by becoming ' clever ', by making up stories and boasting that she was ' intellectual '. The whole attitude of her character served the purpose of avoiding being separated from her games and phantasies and coming up against reality, which would then show that she was an idiot. Two important conditions which helped to develop her character can be added : one was the

[14] Anna Freud, *The Ego and the Mechanisms of Defence.*

existence of an old cook who told creepy stories, and to whom the patient fled from the terror of her parent's bedroom. I have related more about her in the paper which I have already mentioned. Her attitude made possible the defence : ' It is all a tissue of lies and not true.' The second condition was that her father, who appeared to be completely enslaved to her mother, spoilt the child just as much as she did. He was himself a very imaginative person, and she used to have long conversations with him, which consisted of daydreams ; these lasted up till puberty, and provided the satisfaction of her Œdipus wishes.

When a person substitutes phantasy for reality to a large extent, then reality must be particularly repulsive and phantasy particularly attractive. The first condition was produced by a series of traumas, among which repeated primal scenes and the daily enema played the chief rôle ; nor did the fact that the child was artificially isolated and surrounded with precautionary measures, that she had to be alone with her parents every day, that later she met with dislike and was laughed at as an idiot, make reality particularly attractive. What seems to me, however, to be more important in this case is what made phantasies particularly attractive ; this was certainly not so much the presence of a cook who told her stories and of a bragging father, as the situation which made complete introversion possible, and as the fact that the abnormal environment of the growing child prevented any confrontation with reality, just as is usually the case with a baby. The attempt to substitute phantasy for reality fails with the normal child because the child who attempts this is sooner or later brought face to face with reality. This encounter was prevented here by an external world which took over from the child the fulfilment of functions which otherwise the ego would have been forced to develop. The result of this was that the patient's ego remained undeveloped.

The third case is one in which the introversion was not nearly so highly developed ; I will merely mention it for the sake of a comparison with the second one. This third patient was characterized by the haste with which she always undertook every more or less indifferent enterprise. She was physically, as well as mentally, continually in a state of tension, always occupied with to-morrow, never living in the present. This continual activity of the ego remained on the surface to an amazing extent. Her associations spread in every direction without ever getting any deeper. Her interests and occupations also bore the stamp of a superficiality which did not correspond

to her intelligence and talents. She avoided everything which had a ' serious ' character. In describing her experiences she expressed a peculiar sense of inferiority : ' Nothing that happens to me can be serious or real.' The activity, restlessness and continual worry about what would happen to-morrow served the purpose of forestalling any serious experience which might happen, by means of her own, superficial, ego-determined, i.e. play-like activity. This patient was passionately in love with a man. She could not leave him, although serious conflicts were aroused in her as a consequence. In all her anxiety and trouble, and, in particular, at the beginning of a depression, she escaped—in the same way as a drug-addict escapes by means of his drug—with the help of real or imagined experiences with this man. It soon became clear that it was not real love that drove her to him, but that he satisfied narcissistic necessities whose fulfilment repelled anxiety or depression. However, it was not clear in what way he did this. Only gradually did we realise that the chief quality of this man—and in this he was the diametrical opposite of the patient's husband—was that he was humorous, apparently frivolous and witty, and never called things by their right names. What the patient really wanted from him was the reassurance : ' I need not be afraid of sexuality, it's only fun.' In a first analysis the patient had, from the very beginning, developed the resistance of not speaking, and no progress was made. Only later did we understand that this had happened because the analysis was ' serious ' and that its aim was to call things by their right names, which the patient wished to avoid at all costs. The analysis with me, on the contrary, appeared to make very rapid progress. It took us a long time to understand that this progress was only apparent and was the result of a particular resistance. I had, by chance, laughed at some remarks which the patient had made during her first sessions. This enabled her to work ' in isolation '. What she had with me was a ' fun-analysis ' (in the same way that she enjoyed ' fun-sexuality ') without the analysis really attacking her anxieties about her real instinctual life. When a child experiences something that shakes it deeply, or when it is afraid of some occurrence, it plays this occurrence afterwards. It forestalls in its phantasy what is expected, or repeats the past occurrence, so changing its own passive rôle into an active one, in order to practise mastering the dreaded tensions with the reduced quantities which it measures out for itself. Our patient had apparently begun this process but never ended it. Her anxiety was too great for her to make the step from playing to

reality. Just as the former patient continually said to herself, out of fear of reality : ' It is only a phantastic story and not true ', so this one said : ' It is only a game and not serious '. The analysis shewed that the ' serious ' sexuality had acquired its frightening character as the result of a sadistic component aroused by the birth of a younger brother at the end of the patient's fourth year. This had evoked unconscious anxiety that, if she gave in to her real impulses, she would tear the penis from men and the child from women. It is interesting to note that the escape into ' playing ' which was suggested to her by various circumstances in the external world was due, among other things, to a particular incident in the nursing of this younger brother. An elder sister had suggested to the patient that she should push over the perambulator and so get rid of the intruder. From that time on the patient was very much frightened of touching her little brother, particularly after she had once noticed how her mother and the nurse had laughed over the little boy as he was micturating. Her mother had persuaded her out of this aversion to touching him by saying : ' Take him in your arms ; I'm standing here ; you're only playing at being his mother ; you're not really his mother.'

SOME REMARKS ON THE TREATMENT OF THE SEXES IN PALÆOLITHIC ART

BY

PAUL HEILBRONNER

The earliest examples of the artistic activities of the people of the Ice Age are derived from the middle Aurignacian epoch, i.e. from about the middle of the later palæolithic period. It is a remarkable feature of this art that side by side with quite primitive attempts at painting and engraving we find a sculpture that has reached full artistic fruition and which is preoccupied almost exclusively with rendering the female form.

Up till the present time approximately seventy female figures from the Aurignacian culture have been discovered.[1] The majority of these works are sculpture, but little more than a half of them belong to the more realistic type ; the others are heavily stylised, indeed for the most part are purely schematic representations. As against this substantial number of female figures there are only five representing males. Besides these works representing human beings whose sex is clearly defined, there are some thirteen figures which cannot be identified as belonging to either sex.

We perceive then that the proportion of female figures is unusually high. But the significance of this fact is further enhanced by the remarkable circumstance that we also find in the Aurignacian a considerable number of isolated representations of the vulva ; whereas in the Magdalenian, i.e. the latest palæolithic epoch, such representations are comparatively rare. The paucity of male figures (in those that exist the sexual organ is quite inconspicuous) is in harmony with the fact that the Aurignacian has not produced one single isolated representation of the phallus. In the Magdalenian, on the other hand, it is precisely the phallus which is so frequently reproduced—the number of representations actually exceeding those of the vulva in the Aurignacian.

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[1] Cf. H. Kühn, ' Menschendarstellungen im Palaeolithikum ', *Zeitschrift für Rassenkunde*, Bd. IV, 1936, S. 225ff. As regards the statistical details given here and in later pages, I should like to refer the reader to a work of mine now in preparation which contains a comprehensive catalogue of all the works of palæolithic art representing the human form.

A similar if less striking relationship can be observed in the human figures of the Magdalenian epoch. The female figures of the Magdalenian still retain, to be sure, a numerical superiority, but they are now invested with such an entirely different character that they can scarcely be compared any longer with the other renderings of the human form. Not only is plastic representation now entirely limited to single figures; the figures themselves have become completely formalized and degraded as it were into a set formula for the concept ' woman '. They have really very little to do with art, for they have no longer sprung into existence in response to a living impression of nature, as the original figures did. We can only understand them as repetitions, become progressively more and more debased, of the original type.

There is a comparatively high proportion in the Magdalenian of figures which cannot be identified as belonging to either sex; of these there are more than twenty.

The number of male figures deriving from the Magdalenian is not very large, but becomes considerably higher if we include in this category the so-called ' masked dancers '. The masked dancers are more or less human figures, always endowed with the head of some animal and often with a tail or other animal attribute as well.

If we now anticipate a little and call attention to the fact that the heads in most of the Aurignacian female statuettes have no face, i.e. nothing which suggests eyes, nose or mouth, we may consider it as established beyond doubt that the whole palæolithic age, and especially the Aurignacian and early Magdalenian epochs, were imbued with a profound aversion to the idea of reproducing the human face. We may assume that this fact was one of the motives which prompted masked representations in the palæolithic age. Accordingly, in so far as the masks simply served to conceal the face, we shall have some justification for reckoning the male masked dancers among the male figures.

The masked dancers which can be definitely ascribed to the male sex number fourteen. If to these we add the figures without masks, of which there are eight, we shall have, in the Magdalenian, twenty-two male figures as against twenty which cannot be identified as belonging to either sex. Finally it should be observed that of all the masked dancers there is only one solitary figure which can be identified as belonging to the female sex. Thirty-four other masked dancers cannot be identified as of either sex.

To sum up. We discover on the one hand a constantly increasing

formalization in the treatment of the female figures and from the beginning of the Magdalenian an almost total absence of realistic representations of women ; and on the other hand we find a steady advance in the number of male figures until in the Magdalenian they must be considered as predominant among representations of the human form. A development almost parallel with these changes takes place in the treatment of the sexual organs.

At the same time as the development just mentioned was taking place, the predominance was passing from sculptural to two-dimensional forms of art, i.e. away from the more concrete and tangible to the more abstract and visual.

A special feature of this transformation is to be seen in the female figures. There can be no doubt that so far as concerns the statuettes the frontal aspect is to be regarded as the most important. The impression which one derives from the works themselves of a marked frontal composition is confirmed by the closely allied reliefs from Laussel, which are also frontal representations. Nevertheless, we also find isolated works in which the lateral aspect is strongly accentuated. And the majority of the representations of women in two-dimensional art are entirely in profile. This applies especially to the formalized abstractions which have already attracted our attention and which are all without exception represented in profile.

This change from a frontal to a lateral position appears to us sufficiently remarkable to warrant closer consideration. A frontal portrait may surely be regarded as in some sense a presentation and reflection of its creator. This confers on the figure portrayed more the character of a ' subject '. On the other hand, anything represented in profile achieves a greater objectivity ; it becomes as it were a ' third person ' and so to some extent an ' object '.

In case this interpretation should still appear open to question, it may be recalled that animals were invariably portrayed by palæolithic man in pure profile. For him, living as he did almost entirely by hunting, animals were the object *par excellence*, and it was in a sense a part of the essence of an animal to ' move past ' the hunter. But this ' moving past ', which in our case is identical with the status of object, can only be expressed in profile. This will have sufficed, we believe, to demonstrate that this quality of being an object attaches to those female figures which are represented in profile.

We will now return to those sculptured female figures which were already to be found in their most finished form at the beginning of the

middle Aurignacian epoch. The torso in these figures is executed with an astonishing realism. In most cases, the breasts hang down low on the body ; the stomach stands out in bold relief so that sometimes one has the impression that the work represents a pregnant woman. The salient bone structures, the spine and the pelvis, have been excellently observed in a number of figures and accurately distinguished from the fleshy portions of the body. The buttocks too are very pronounced.

Having once satisfied ourselves of the realism with which the torso is executed, we shall be all the more astonished by the peculiar treatment of the head, arms and legs. The head is only indicated in the most general outline and is often highly distorted. We have already alluded to the remarkable fact that no attempt at all is made to reproduce the face. The arms above the elbow are represented merely by stumps and merge into the region of the hips. The forearms are in some statuettes placed across the breast, but they are never executed with as much fidelity to life as the rest of the body ; they have lost to some extent their third dimension and are represented only in low relief. And lastly, the legs are entirely without feet ; they usually run into each other at the bottom and end in a blunted point.

Earlier in this paper it was suggested that the frontal treatment of the female statuettes confers on them in some degree the character of a subject. This interpretation must now be qualified in so far as these figures are deficient in just those parts of the body through which the activity of the subject achieves expression—such as face, arms and legs. On the other hand, all those parts of the female body which we are accustomed to designate as ' secondary sexual characters ' are especially emphasized. Finally it should be observed that the vulva is not represented at all in some of the statuettes, that it is only vaguely indicated in others, and that only in a very few cases is it so clearly defined that it can be compared with the representations of the vulva mentioned above.

Now some of these female statuettes possess one particularly interesting feature. The first figure is from Savignano sul Panaro in Italy (Fig. 1).[2] It is remarkable in so far as the head is not, as in most of the other works, represented as a sort of egg-shape, but runs into a point. If we look at the figure from the front, concentrating exclusively on the upper part together with the drooping breasts, we shall

[2] *Rivista di Antropologia*, 1926 (Battaglia) ; *L'Anthropologie*, 1926, p. 429ff. (Vaufrey).

scarcely be able to escape the impression that this form bears a considerable resemblance to a phallus ; the breasts would then represent the testicles. The same effect may be observed if we stand the figure on its head and regard it from behind ; here the buttocks would do service for the testicles.

Another figure, from Sireuil in France (Fig. 2),[3] is without its head, and it is therefore impossible to reconstruct the impression it originally

FIG. 1.

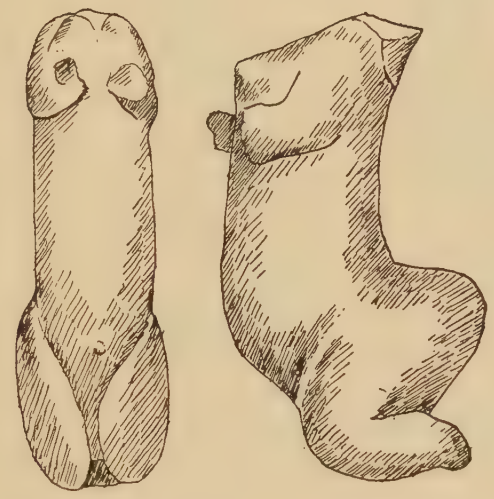

FIG. 2.

made. But even the head will not have made a great difference to its formal aspects in which we are interested here. This figure differs quite considerably from the widely diffused type of which the figure from Savignano has provided us with a representative example. The woman is this time depicted in a kneeling position, with strongly developed buttocks, but without the powerful accentuation of the breasts, which must be regarded as a typical feature of the other figures. Here again the hands and feet are missing, but the arms are more plastically treated than is usual and are held slightly forward. This figure requires to be observed primarily in profile and no longer

[3] *Revue Anthropologique*, 1930, p. 44ff., Plates I and II (Breuil et Peyrony).

from the front. But even in this piece the frontal aspect bears a resemblance to a phallus which can scarcely be overlooked. The arms represent the projecting glans, while the thighs might pass for the testicles.

Among the statuettes which cannot be ascribed to either sex, reference must first of all be made to several figures from Předmost in Moravia (Fig. 3)[4] and one from Trou-Margrit in Belgium.[5] The resemblance which these figures bear to a phallus, whether intentional or not, is apparent at first glance. If this account of the matter should still seem open to question, we need only institute a comparison with certain products from Lespugue in France.[6] Here animal teeth have been converted by small alterations into manifestly phalloid objects.

FIG. 3.

Mention should also be made of a number of statuettes from Mezine in the Ukraine[7] which when first discovered were mistaken for phalluses and were only later recognized as debased representations of the female form. These sculptured pieces are mostly phalloid in form although the majority may be distinguished as female by the sexual triangle. Only one of them has a phallus carved upon it.

The extent to which the representation of the two sexes coalesces is further illustrated by a clay carving from Les Cabrerets, France (Fig. 4).[8] The figure in question closely resembles the stylized female forms and might indeed be taken for one of these if it were not for the male sexual organ which has been affixed to it, possibly as an afterthought.

It is characteristic of all the examples we have adduced, which are without exception to be attributed to the Aurignacian culture, that this assimilation of the female sex to the male never becomes so clearly marked that we can call it intentional. This peculiar procedure still seems to originate in the unconscious layers of the mind.

But there are at least two works from the Magdalenian epoch in which the combination of phallus and vulva is so striking that when

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[4] *Congrès International d'Anthropologie*, Paris, 1931 (Absolon).

[5] Macalister, *Text-book of European Archæology*, 1921, p. 545ff.

[6] *L'Anthropologie*, 1926, p. 15ff. (Saint-Périer).

[7] *Congrès International d'Anthropologie*, Geneva, 1912, p. 186 (Breuil).

[8] *Revue Anthropologique*, 1924, p. 165ff. (Breuil).

they are taken into account there can no longer be any doubt concerning the correctness of our observation.

Before we proceed, however, to discuss these two pieces in greater detail, we should like to call attention to another remarkable work, from Le Placard in France (Fig. 5),[9] in which the symbolism is particularly obvious, especially to a psycho-analyst. This consists of an

FIG. 4.

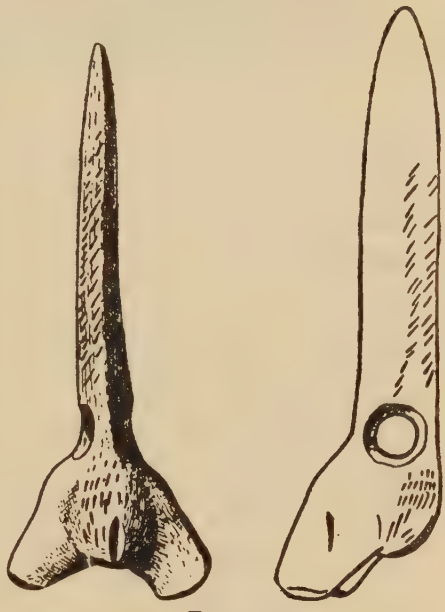

FIG. 5.

object carved out of bone, the upper portion of which has been fashioned into a knife ; at the handle there is a natural forking of the bone and this has been converted into a vulva. Thus we need only interpret the knife as a penis and we shall once again encounter that combination of the sexual organs with which we have by now already become familiar.

Finally, to come to the two pieces which afford the most satisfactory proof of the views here maintained, the first work that must be mentioned is from Cueto de la Miña in Spain.[10] This is a plastic representation of a phallus upon which, among other ornaments, a whole series of reproductions of the vulva are carved. More con-

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[9] *Bulletin de la Société Préhistorique Française*, T. III, 1906, p. 431 (A. de Mortillet).

[10] Conde de la Vega del Sella, *Cueto de la Miña*, Madrid, 1916, Fig. 34, 9.

vincing still is a bone engraving from La Madeleine in France (Fig. 6).[11] This represents a phallus with an obvious glans and both testicles ; to these are connected some indistinct lines leading in a downward direction. These lines, having regard to the representation of the vulva in the centre, are very probably to be interpreted as a female

Fig. 6.

pelvis. We meet here with a conception closely akin to that which we sought to elucidate with special reference to the figure from Savignano. The testicles of the male organ are at the same time capable of being interpreted as the breasts of a female form.

Thus we need have no hesitation in asserting that man in the Ice Age attributed an especial significance—at first unconsciously and later consciously—to composite representations of the male and female sexual organs.

This opinion finds perhaps a confirmation in a very peculiar piece of clay sculpture which was discovered in the Cave of Montespan[12] (Fig. 7). Several objects modelled in clay were found lying on a

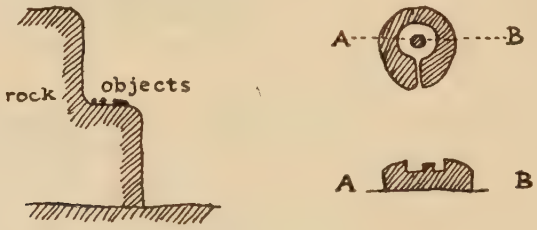

Fig. 7.

rocky projection which had the form of a table or altar. Among them was a bun-shaped object which arouses our interest. An oval bulge with a cut at the lower end shews a striking similarity to the form of the vulva as depicted by the Aurignacians. In the middle of the object there is a circular depression in the centre of which a clay projection is inserted. This combination is almost exactly the same as with the Indian lingam, which represents a combination of the male

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[11] Capitan et Peyrony, *La Madeleine*, Paris, 1928.

[12] *Revue Anthropologique*, 1923 (Bégouen, Casteret et Capitan), p. 547, Fig. 6.

and female principles. It is therefore not impossible that the Montespan object is also to be regarded as a phallus-vulva combination. At all events it is to be gathered from the situation of the object that a certain ' religious ' significance was attached to it.

Before concluding these remarks we should like to call attention to a remarkable representation which is frequently to be met with among the North African rock carvings (Fig. 8).[13] Two figures are here portrayed, one male and the other female. The two forms are connected by a line which extends from the genital organs of the one to those of the other. The female figure is usually rather the smaller of the two, and the arms are raised, perhaps in prayer. The male figure carries a bow and arrow. We are therefore concerned with a hunting scene in connection with which the union of the sexual organs is expected to operate with an especially magical effect. It would seem that the conceptions which emerge so clearly in these works survived even into the age of myths. At least we may surmise that the myth of the thread of Ariadne has a direct affinity with this group of ideas.

Fig. 8.

[13] H. Kühn, *Kunst und Kultur der Vorzeit Europas*, 1929, S. 475, Fig. 101.

A PSYCHO-ANALYTICAL NOTE ON PALÆOLITHIC ART

BY

ERNEST JONES

LONDON

The material Dr. Heilbronner adduces in the foregoing essay [1] would seem fully to justify his conclusions that ' man in the Ice Age attributed an especial significance—at first unconsciously and later consciously—to composite representations of the male and female sexual organs '. This finding must forcibly remind psycho-analysts of the familiar observation that the same state of affairs is true also of the unconscious phantasies in early infancy. These are nowadays, following Melanie Klein, often referred to under the designation ' combined parental imago '. Two explanations have been proffered for them. One would account for the phantasies on the basis of congenital homosexuality. The other would regard them as an early expression of the Œdipus conflict and of the mingled love and hate this engenders. Both explanations may, of course, be correct, but some analysts would attach greater weight to the former one, others to the latter. It is at all events highly interesting to learn that similar forces were at work among men of the Old Stone Age to those among our young children of the present day—one more example of the resemblance between primæval mentality in phylogenesis and ontogenesis.

Archæologists are generally of opinion that the motives impelling early man to execute his remarkable drawings in remote and hardly accessible caves were not so much concerned with æsthetic feeling—in spite of the high artistic skill displayed at some epochs—as with what may broadly be called magic. This view was especially developed in respect of animal drawings, it being supposed that the craftsmen hoped thereby to acquire virtue and luck in their hunting activities, which afforded at that time a main source of food. It has also been suggested that an allied motive was what analysts would call one of restitution, an expression of guilt at the killing and a consequent desire to expiate it by re-creating the live animal in effigy. Since even nowadays, when feelings may be supposed to be more sensitive, there is relatively little remorse at killing animals for food, and nothing in

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[1] P. Heilbronner : ' Some Remarks on the Treatment of the Sexes in Palæolithic Art ', JOURNAL, 1938, p. 439.

the way of expiatory rites on the part of those who do so, we may take it as certain that any such attitude could proceed only from a totemistic mentality, in which the animals in question represented other human beings, notably parents or ancestors. This equation would suggest a possible prevalence of cannibalism at that epoch.

Returning to the human drawings and statuettes described by Dr. Heilbronner, we are impelled to inquire into the significance of the changes he notes between the Aurignacian and Magdalenian epochs of the Palæolithic era. It is generally thought that these two epochs have to do with the same, or a very similar, race, though this is not quite certain ; but it will be remembered that they were separated from each other by a space of many thousands of years through the curious intrusion of the Solutréans. Nevertheless there is an unmistakable continuity between the two in the custom of cave drawings, as well as certain pronounced differences in the form these display at the two epochs.

The salient features of the earlier Aurignacian drawings is the remarkable concentration on female sexual characteristics. It is plain that the central concern of the craftsmen was with these. Not only do the number of female statuettes greatly exceed those of male ones, in the proportion of 70 to 5, but not one phallus has been found to set beside the numerous images of the vulva ; even when a phallus is present in male figures it is small and inconspicuous. Moreover, the main features of the female figures consist of exaggerated breasts, buttocks and abdomen (almost pregnant in size), whereas no trouble is taken to depict the face, even when the head is drawn in frontal view ; one is here reminded of the famous ' A was Gesicht ' passage from Schnitzler's *Reigen*. The limbs are similarly obscured, and the description of them given by Dr. Heilbronner, together with the phallic head, seem to point plainly to the operation of unconscious castration phantasies. It is as if the draughtsman wished to assert : ' This is emphatically a sexual and fertile woman, and anything male connected with her must be disregarded or destroyed '.

In contrasting this picture with that characteristic of the Magdalenian epoch there would appear to have been three important changes. Instead of the female sex predominating, the male sex is here the more prominent of the two. Images of the vulva have become rare, those of the phallus common. The Magdalenians are evidently more preoccupied with their own sex than were their predecessors.

Then the artistic impulse seems to have nearly disappeared, for the

figures are now debased and lifeless repetitions in a flat two-dimensional plane in place of the vivid and plastic representations of the Aurignacian epoch. May one not infer from this that the more purely libidinal motive has been displaced by others of a more conflicting order ?

Thirdly, the figures are now represented no longer *en face*, but in profile. One cannot but bring this feature of the drawings into relation with the fact that palæolithic man invariably depicted animals in profile, this being the natural posture he was accustomed to when shooting at them to obtain food.

This last point suggests the action of aggressive or sadistic motives. The attitude of the draughtsman towards the human beings he depicted approximates in the Magdalenian epoch to that towards his prey. This could result from either an increase in cannibalism or a heightened hostility among males.

We do not know enough about the conditions of life in the two epochs to venture a sociological explanation for these differences, but we cannot resist the conclusion that for some reason, climatic or cultural, life was harder for Magdalenian than for Aurignacian man ; it may well have been a time when the conscience was undergoing an important development.

PSYCHOGENIC FACTORS IN THE ETIOLOGY OF THE COMMON COLD AND RELATED SYMPTOMS[1]

BY

LEON J. SAUL

CHICAGO

The terms 'common cold' and 'common sore throat' are rather vague and probably describe a variety of conditions which display a similar symptomatology. The essential feature is probably the congestion with catarrhal secretion of the upper respiratory mucosæ, especially of the erectile tissue in the nose. That an infectious agent, a filterable virus, may play an etiological rôle is apparently established, particularly by experimental work in the laboratories of Dochez, Doull, Long and others. But in many cases other factors seem to be of predominant importance, for example, unusual exposure, sharp changes of temperature, chemical irritants and allergic conditions. That in certain instances emotional disturbances may play a rôle has also been recognized. The present observations are concerned with this emotional factor and shew that in certain cases it may be the most prominent feature in precipitating the symptoms of the 'common cold' and sore throat.

No comprehensive review of the literature is intended here. The present status of the problem is clearly described by Kerr in a recent article.[2] For an excellent account of the influence of the emotions on the respiratory system the reader is referred to Dunbar's *Emotions and Bodily Changes*,[3] where we find observations and references to the presence of psychogenic factors in sore throat and grippe, headache with coryza, swelling of the nasal mucosa with increased secretion, upper respiratory catarrhs, sore throats, sinus affections and laryngeal disturbances. Fenichel has discussed the emotional factors in respiration.[4] The first direct psycho-analytical approach to the

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[1] From the Chicago Institute for Psychoanalysis.

[2] William J. Kerr: 'The Common Cold', *J.A.M.A.*, Vol. 107, No. 5, p. 323, August 1, 1936.

[3] H. Flanders Dunbar: 'Emotions and Bodily Changes', Columbia University Press, New York, 1935.

[4] O. Fenichel: 'Uber respiratorische Introjektion', *Internationale Zeitschrift für Psychoanalyse*, XVII, 1931, p. 235.

common cold that I know of was made by Dr. Karl Menninger [5] who describes the symptoms of the cold as symbolic dramatizations by the respiratory tract of certain ideas relating chiefly to castration.[6]

Statistical Data

Of sixty patients in the practice of six different physicians, fifteen had been subject to unusually frequent colds and sore throats before coming to analysis. But in the average period of three years since completing their analyses, every one of these patients has been either free from colds or has had them with conspicuous rarity. No other treatment was employed by any of the patients. They came to analysis because of emotional difficulties. The colds were in every case purely incidental. The series is small, and *post hoc* does not mean *propter hoc*. But the regularity with which relief from colds is seen to follow the resolution of emotional difficulties, without other treatment, is a significant indication that emotional factors can play an important rôle in the etiology of certain colds, and that they do so in an appreciable percentage of cases. The emotional situation is only one etiological factor. It may be of greater or less importance than others in any individual case. In some instances it may be of negligible significance, but in the following cases it appears to be the main cause of the colds, i.e. the main stimulus responsible for the upper respiratory congestion and catarrhal secretion.

Clinical Data [7]

The relevant material of the first case has been published recently [8] and will here be reported only quite briefly. The patient, A., was a middle-aged man with unusually strong passive-receptive trends. These resulted from 'spoiling' in childhood by an over-indulgent mother. They were unconscious and at first vigorously denied by the patient who put up a great show of independence. When these trends

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[5] Karl Menninger: 'Some Unconscious Psychological Factors Associated with the Common Cold', *Psychoanalytic Review*, Vol. 21, No. 2, 1934, p. 201.

[6] *Vide infra*, p. 24, first paragraph.

[7] All the material of all the cases cited appeared spontaneously, and not in response to questioning by the analyst.

[8] Leon J. Saul: 'A Note on the Psychogenesis of Organic Symptoms', *The Psychoanalytic Quarterly*, Vol. IV, 1935, pp. 476–483.

were mobilized by the analysis, the patient began to sleep lying on his back, breathing through his mouth, while dreaming of being fed. To receptive thwarting he reacted with oral-sadistic dreams accompanied by severe teeth grinding (first noted by his wife). As a result of these activities, his throat, gums and jaws would be sore in the morning. This patient also reacted regularly to the thwarting of his receptive desires [9] with nasal congestion and secretion. A severe thwarting in the analysis during increasing insight resulted in these local activities and symptoms (including coryza) and also in mild depression, nausea (rejection of oral desires), constipation, headache and fatigue. Thus the picture of a cold and sore throat with constitutional reaction was produced, and the patient actually felt himself to be beginning a cold and sore throat. But all these symptoms began to disappear almost immediately following a burst of insight into his receptive demands and rage at thwarting. They were entirely gone within a day. Subsequently both of these emotions were expressed in oral terms in his dreams, associations and oral activities. Since then the patient has gone through two winters without a cold for the first time that he can remember. Moreover he has been free of a mild soreness of the pharynx, just behind the soft palate, which had been persistent for many years.

The second patient, B., was a very talkative girl in the middle twenties who came to analysis because of her inability to eat in public, especially when she was with an attractive young man, and because of a mild leucorrhœa (diagnosed by her gynæcologist as catarrhal vaginitis). The patient was one of many children in a very poor, but proud family. The father, after spoiling the children in their early years, later withdrew all interest in the family, and ceased to contribute to its support. With deep almost conscious anger at the father, the patient turned from him to regressive oral attachment to her mother. Out of generosity and loyalty, she repressed her strong, always unsatisfied receptive desires; she tried cheerfully to share alike and,

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[9] By 'passive-receptive-dependent' attitude is meant one seen frequently and in varying degrees by all physicians. It is exemplified by those neurotic patients who try in various ways to cling to the doctor, make themselves dependent on him, get particular attention, make unjustified demands, and the like. Many patients would like to do this, but do not for such reasons as guilt or shame. Some will not admit even to themselves that they have such wishes.

even at an early age, to work and contribute to the family.[10] But the old desires, intensified by repression and thwarting, persisted, although she could not admit them consciously because of her guilt about them as ' selfish '. Even her casual remarks were orally coloured, such as her greetings : ' Good morning, spicy weather to-day.' The following material shews (1) the transference to the analyst of her strong receptive demands and rage at thwarting, and (2) the expression of these chiefly in oral (but also genital) terms and activities, with (3) the resultant local inflammation (sore throat and coryza—and also vaginitis and leucorrhœa).

She dreamed that both she and the analyst fell asleep during the analytic session, both awaking with red eyes. Her associations may be summarized as follows : this dream may please the analyst, she feels tired and would like to sleep here, the analyst is silent, unresponsive, her eyes are never red except when she weeps ; an opera singer lost her lover and took opium ; although the patient might be talked out of taking the doctor's help, when it is a matter of actually taking something by mouth, as opium or water, then the patient can't give it up ; her head feels stuffy as at the beginning of a cold. The presence of unsatisfied oral and genital receptive cravings in connection with weeping are clear.

A few hours later, she expressed her envy of her sister's engagement and said that on the preceding evening she had felt a tickling in her throat ; all night she dreamed she was swallowing, or else was really swallowing ; and this morning her throat was sore. She then expressed her anger at the dentist because, arriving at his office, she had found two women waiting there ahead of her. She depreciated them as well as him. The next hour she said that for the past two months her jaws had cracked loudly when eating, and that she sometimes had difficulty in opening her mouth ' on one side or the other '. Such was the case this morning and besides she awoke with a cold (coryza, stuffy head, post-nasal secretions, fatigue) and sore throat. Anger at oral thwarting followed—as for example at a girl serving the patient's sister a poor

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[10] This patient had the highest percentage (58 per cent.) of ' Intaking Dreams ' in the series of eighteen patients (range 58–25 per cent.) in the ' Quantitative Dream Studies : A Methodological Attempt at a Quantitative Evaluation of Psychoanalytic Material ', Franz Alexander and George W. Wilson : *Psychoanalytic Quarterly*, Vol. LV, 1935, pp. 371–407. An extensive analysis of her dreams is given there—Case O.

meal. Constipation appeared at this time. In the next hours she brought masochistically coloured associations designed to hide her guilt in connection with her oral and genital receptive demands (always combined, as drinking with men, an attractive man selling sandwiches, etc.) and also in connection with her anger at the receptive thwarting. She felt tired and depressed, and the cold continued. She would sniff and swallow the secretion. This continued for nearly two months—until deeper insight into the oral demands and aggressions was achieved.

During this period, the patient's dreams were strikingly and predominantly oral. For example, she dreamed that a cannibalistic dog with huge teeth approached her. Another girl vomited and the patient *felt* like doing so. After a metabolism test she dreamed that she was passionate and asked the analyst what to do about it; he gave her a big stick of candy and she chewed it up and swallowed it. No soiling appeared in her dreams at this time. The patient spontaneously reported that nocturnal oral activities occurred in connection with the oral dreams—swallowing, mouth breathing while sleeping on her back and teeth grinding. These activities resulted in soreness of her throat in the morning which, with the concomitant nasopharyngeal secretion and mild depression, gave the symptoms of a cold. The nasopharyngeal secretion appeared regularly in connection with her thwarted oral demands. The unconscious weeping reaction, seen also in the next case and in another case mentioned later, undoubtedly contributed to the red eyes, and probably to the congestion of mucosæ and stuffy head.

Other symptoms also developed during this time, and disappeared with insight. These were mild constipation, and a recurrence of the leucorrhœa which had been relieved early in the analysis. The emotional state, as shewn by the analytic material, was one of strong thwarted receptive desires towards the analyst and rage at thwarting, expressed chiefly in oral (and also genital) terms as shewn by her dreams, association and actual oral (and vaginal) activities.

The next case, C., is that of a girl who came to analysis because of overt homosexual tendencies which were largely a reaction to a strong unconscious receptive dependent attachment to her mother.[11] This

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[11] In this case, Case R., in the 'Quantitative Dreams' (*loc. cit.*), 47·9 per cent. of her dreams were found to express intaking tendencies. This girl's precociously stimulated sexuality and the strong narcissistic

type of attachment to the analyst soon developed—predominantly oral, but with a genital tinge. For example, she dreamed of being given bread and jelly by her father or travelling in the dining car with her brother. Angered by lack of response from the analyst, unconscious narcissistic, competitive and depreciatory attitudes developed. One morning at this point, the patient awoke with hoarseness, the feeling that she was catching cold, and the recurrence of a leucorrhœa which she sometimes had. Her gynæcologist suspected that this leucorrhœa was of neurotic origin because of his inability to find an infective etiology. That night she dreamed: she was at a house like the one in which the father gave her bread and jelly. Her sister appeared, whimpering (*N.B.*—again the weeping) because she was unhappy with her husband. The patient angrily cried, 'Then *do* something—divorce him.' The patient remarked on her hatred of her sister's husband (out of unconscious jealousy of the sister), and manifold prejudices against psycho-analysts (transference anger at the analyst because of receptive thwarting). Next day, the patient said she still felt as though she were on the edge of a cold, voice hoarse, throat sore, a little secretion, yet no real cold—maybe owing to general tension—unable to relax—drinks a lot of water—wants to urinate now—(suddenly) this is related to the dream of urinating on the floor of the analytic room, the leucorrhœa, and the aggressions against the analyst. This insight into the aggressions due to receptive thwarting, brought immediate though temporary relief. The following day the patient reported that the leucorrhœa was almost gone. It started again when the patient thought of coming here and stopped when she forgot about it. The 'cold' and severe hoarseness (sometimes the patient could hardly talk) persisted for six weeks except for one week during which the patient left town. 'The voice was normal as soon as I left and all the time I was away. I returned last night and awoke this morning with it hoarse. On the other hand the leucorrhœa returned

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emphasis in her early training intensified her Œdipus rivalry with her puritanical mother. This drove her regressively—because of guilt and fear towards the mother—back into an oral dependent attitude towards her and also into a masculine identification with her father and brother. This oral regression was facilitated by early spoiling by the mother. The patient strongly repressed the dependence as 'sissy' and, through competition with her brother, developed a front of masculinity and independence—but never felt really independent. She was an incorrigible thumb-sucker until the age of eight.

while I was away.' The patient became mildly constipated at this time. She brought no dreams that day but increasingly clear Œdipus material, especially rage at not being able to get a man to support her.

The meaning of the hoarseness, which symptomatically was a severe laryngitis,[12] was analysed by the patient herself at this time. While telephoning to a married woman the patient's voice became so hoarse as to be unrecognizable. In the analytic hour her hostile envy of this woman appeared and the patient interpreted the laryngeal tenseness and consequent hoarseness as a defence against verbal attack. This was brought into relationship with her Œdipus complex and the transference. She wished to attack the analyst verbally and, as her dreams shewed, by soiling, because he did not respond to her receptive demands. The next day she said she had ' a new lease on life ', with relief of her local symptoms.

The material was not yet all worked through, however, and the receptive demands towards the analyst reappeared two months later as the main theme. Again angered by lack of response, she dreamed of the analyst as a doddering old minister delivering a boring sermon which she left to eat ice cream. Her spontaneous associations brought out her hatred of a little girl who is fed too much, her envy of fathers and mothers who get new cars, complaints that she had been given almost no sweets as a child, etc. No interpretation was given. She awoke that morning with a hoarse voice and leucorrhœa and began the hour as follows : she drank a little too much last night, instead of just enough. When eating, she felt as she often does, that she must eat all she can because she might not have a chance to get any more. She found herself grinding her teeth during the night. She considered this to be neurotic, like nail-biting and nose-picking. No dreams. She awoke in the morning with a cold and sore throat.

This was Saturday. On Monday she reported that her ' throat was really sore ' and that she had been constipated for the past few days except for diarrhœa on Sunday (no analytic hour). She dreamt of going to a drug store where the soda clerk wanted to put lemon extract in the patient's malted milk to help her sore throat ; since that would spoil the malted milk, however, the patient got nothing.

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[12] See George W. Wilson : ' Report of a Case of Acute Laryngitis occurring as a Conversion Symptom during Analysis ', *Psychoanalytic Review*, Vol. XXI, No. 4, October 1934, p. 408.

The next hour was Friday, four days later. The patient complained of the narrowness of her life, her wish for more contacts, her desire to be cared for instead of having to work, and to receive dinner invitations. When asked if this might refer to the analyst she said ' Stop—you are right—it was on the tip of my tongue to say that this meant I wanted you to ask me to dinner now '. The following morning the cold, sore throat and hoarseness were much better—only a little huskiness remained. ' I seem to catch cold when I am tired *of* working, not when I am tired *from* working '.

In this third case, as in the second one, we see strong oral demands in the dreams with unconscious rage at thwarting, and weeping in dreams. Physical expressions are again evident: teeth grinding, nasopharyngeal secretions, morning sore throats, and also the leucorrhœa. This case also shows a laryngitis, and the soiling aggressions are more prominent. The symptoms of cold in all three cases run parallel with the oral conflict and disappear only when the demands and oral aggressions at thwarting are made conscious.

The material on these three cases has been given in sufficient detail, I hope, to illustrate the data from which the conclusions in this paper are drawn. Further relevant and confirmatory clinical observations are therefore given much more briefly.

The fourth patient, D., a single woman in middle life who came to analysis because of a suicidal attempt, had been subject to severe colds in the winter. These colds were of an influenzal type, with anxiety, restlessness and some hypochondriacal fears of tuberculosis. A low-grade fever (rarely over 100° F.) was an almost invariable concomitant. The local upper respiratory symptoms, though present, were not in the foreground. During the analysis these severe colds (including the fever) occurred repeatedly whenever the patient became distressed and panicky because of her intense thwarted receptive demands and consequent oral and anal aggressions. Although the patient violently denied even the possibility of psychogenic factors in her colds, nevertheless, as her strong receptive demands and consequent rage at thwarting became conscious and she became emotionally relieved, the colds disappeared, and have not returned. A year later this patient felt herself on the verge of a cold, but recognized it as an expression of an emotional strain caused by unusual demands upon her as well as by the threatened loss of a mother substitute. The patient was thus able to handle her emotions psychologically without expressing them in organic symptoms.

A homosexual boy, E., not subject to colds, developed a strong passive transference which he tried to deny. His dreams were predominantly of an oral aggressive nature—often cannibalistic. One day he suffered a severe thwarting in the transference in the form of a refusal of a request. Next morning he awoke with a cold and sore throat. During the analytic hour he realized his emotional reaction. The cold disappeared by the next day.

A very narcissistic middle-aged man, F., developed a strong passive dependent transference with frankly oral receptive dreams, as of being given the breast. As this material became clear, he proudly and bitterly denied it and with a superior air of independence refused to avail himself of the opportunity of continuing his analysis during the usual summer vacation. At the end of a week, a condescending letter appeared, and three days later another one saying that he had been in bed with a severe cold with low grade fever for three days, clearly indicating that he wanted the analyst to urge him to resume the analysis. The sequence, ' Receptive thwarting—rage—cold ', is apparent. Upon resuming the analysis after the vacation he reluctantly admitted the intensity of the passive attachment and his narcissistic rage at having it, and at the thwarting, and then confessed that it was this that so upset him.

One of the author's first patients, G., left on a six weeks' summer vacation with a resistance to admitting her strong receptive transference demands and rage at thwarting, which were not adequately conscious. Besides the predictable chronic mild depression she had a chronic sore throat during the entire period, despite the beautiful summer weather. Since then she has had no colds.

H., a young woman of thirty, of the ' clinging vine ' type, with a variety of physical symptoms, denied her strong dependence and receptivity because of her narcissistic resentment of men, her penis envy. She would cling and demand and yet simultaneously freeze and maintain that she was above taking anything from any man. However, she tells of reading ' sexy ' stories before retiring at night, with consequent vaginal secretion and occasional vaginism. Attempts at intercourse cause vaginism. When, after seven months of analysis, the oral and genital receptive wishes toward the analyst became strong and close to consciousness and appeared clearly in her dreams, she developed chronic symptoms of cold in the head, with sniffing, swallowing of post-nasal discharge (the secretion was clear, not purulent), mild soreness of the throat, a continual feeling of weepiness,

congested conjunctivæ. She said she rarely wept, but felt as though she were always 'weeping inwardly.' In addition there appeared anorexia, constipation, and leucorrhœa.

I., a single woman in her thirties, developed early in her analysis over a period of several weeks, an increasingly receptive attitude in her life and in the transference. One day this theme appeared quite overtly for the first time. She expressed her jealousy of women with husbands and babies and said that she had been weeping in self-pity because of the lack of satisfaction of her own receptive desires, both oral and genital. Although conscious of the existence of these desires, it was evident that she did not appreciate their intensity nor realize the extent to which they were developing in the transference. The next day the analyst was unable to see the patient and the day after that she began her hour by saying that she felt herself to be beginning a cold. This example is particularly interesting because my notes on her emotional state that day described her first clear and strong expression of receptive thwarting in the transference. It appeared in connection with weeping. The following hour she had a cold. Although she presented no dreams at this hour, the dream of the preceding hour had been of eating with a man.

The Local Symptoms

The central observation is the occurrence of colds in these patients in situations of thwarting of very strong receptive demands, expressed largely but not exclusively, in oral terms, with consequent rage, or with intensification of hostility from other sources, such as narcissistic rivalry. These receptive desires were not fully conscious to the patients, but were mostly excluded from consciousness because of shame, guilt, or similar reasons. This was best seen in the analytical situation itself, i.e. in the development of strong unsatisfied dependent receptive demands, largely oral and genital, towards the analyst. The rôle of repressed anger and hostility is not clear. Certainly hostile feelings do not always produce colds. But in the cases reported, much repressed anger was present at the time the colds occurred, from the receptive thwarting and also from injured narcissism. It is certainly important when expressed orally, for example, by teeth grinding, and may also play a significant part in stimulating catarrhal secretion. The colds disappeared when the emotional tension due to the thwarting of these demands was relieved by making these emotions conscious to the patient. The fact that the insight of any adult individual into his

emotional relationships to others is usually permanent accounts for the apparently permanent decrease in susceptibility to colds, those individuals whose colds were to a large extent the result of emotional factors.

In these states of receptive thwarting with repressed anger, certain physiological activities were observed :

(*a*) Oral activities as previously described [13] and summarized in the notes of Case A., namely, swallowing, biting, teeth grinding, particularly during sleep.

(*b*) Colds, including coryza, sore throat, and laryngitis, and mild conjunctivitis.

We must now endeavour to establish the connections between the emotions at play and these muscular and secretory activities.

There seems to be no doubt about the *muscular* expression of the intaking tendencies. The receptive desires shewed themselves in dreams of being given food, eating, swallowing and the like, and during these dreams the patients acted out the impulses by actual swallowing movements and swallowing saliva or catarrh if any. The aggressive taking tendencies intensified by anger at receptive thwarting appeared orally in the dreams in connection with biting and chewing ; and at these periods the patients actually ground their teeth, made biting movements during their sleep, and felt the local musculature to be unusually tense. Thus the intensified receptive demands and aggressive taking and destructive tendencies stimulate muscular activity in the oral region, such as swallowing, mouth breathing, biting and teeth grinding ; and these activities result in soreness of the throat, abrasions of the cheeks and sore gums and jaw joints. Since the activities take place during sleep, only the results are noticed by the patient.

A connection between attacking tendencies and laryngitis has been clearly demonstrated by Wilson [14] and completely corroborated by the observations of the development of laryngitis in the third patient (patient C., p. 455). Wilson shewed that the psychological mechanism is much the same as that in a type of constipation described by Alexander.[15] The wish to use the organ for too destructive attacking

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[13] Leon J. Saul : *loc. cit.*

[14] *Loc. cit.*

[15] 'The Influence of Psychologic Factors upon Gastro-Intestinal Disturbances : A Symposium', *The Psychoanalytic Quarterly*, Vol. III, 1934, pp. 501–588.

causes as a reaction an inhibition of the organ's function. When the patient unconsciously wishes to make a verbal attack which is not rationally justified (in this case, on a good friend out of envy, and in the transference on the analyst for not satisfying her excessive demands and from penis envy), then the function of speech is inhibited, undoubtedly by guilt and fear.

We now come to the question of the *secretory* activities, particularly the nasal catarrh. In the patients observed, the nasal catarrhal secretion appeared regularly, along with the other symptoms described, in periods of intensified unsatisfied receptive demands. It appeared only at these periods, and disappeared when the analysis made the emotions more fully conscious. In fifteen cases it greatly decreased in frequency of occurrence following psycho-analysis. There is, therefore, no doubt that it can be caused by emotion. What remains incompletely solved is the causal sequence between specific emotions and the catarrhal secretion. Although we cannot be certain of these exact emotional connections, we have the following clues :

(1) In the second case, B., the coryza appeared when the patient's attitude was almost purely a strong receptive one with many dreams of swallowing, being given chocolate and the like, and no dreams of soiling. Moreover, at this time, the patient's catarrhal leucorrhœa increased. It therefore seems that the nasal catarrhal secretion like the vaginal catarrhal secretion, can be stimulated by strong intaking desires expressed in the oral and upper respiratory region instead of (or, in these cases, as well as) in the genital. Confirmatory evidence is the exacerbation of the catarrhal leucorrhœa in the third case, C., and in that of the ' clinging vine ' girl, H., when their receptive demands were intensified and the coryza appeared. This fits in with similarity of the lining mucosæ and presence of erectile tissue in both the genital and nasal regions, and with the physiological function of catarrhal secretion as a lubricant. It would therefore appear from these data, as yet meagre, that strong intaking desires can of themselves stimulate nasal catarrhal secretion, at any rate in women. The data on men are incomplete and the connections with the genital desires are not clear.

(2) There are also clues to the connection of the catarrhal secretion with eliminating impulses. At the times when these colds appeared, the patient shewed concomitant symptoms in other regions. They all shewed some diarrhœa or constipation, and the third patient had a transitory urinary urgency which appeared following a dream of

urinating on the floor of the analyst's office. Alexander and others have shewn the important rôle played in disturbances of elimination by hostile soiling and by restitutive and narcissistic competitive pseudo-productivity.[16] Such impulses may play a part in stimulating the nasal catarrh, but on this point the present data is only suggestive. It is possible that an emotional mechanism is at play which resembles that described by Alexander *et al* for colitis.[17]

(3) The third clue comes from the association of the nasal catarrh with lacrymation and more particularly from the continual swallowing of post-nasal discharge and tears seen in these patients in their dreams and in actuality, associated with the attitude, ' Since I cannot get what I want from others, I must give it to myself '. The ' clinging vine ' girl, H. (p. 459), at the periods of receptive thwarting, reacted with weeping in her dreams and in actuality, and with a coryza and a post-nasal discharge which she continually swallowed while overtly expressing her self-pity and her desires to pamper herself. This reaction was also seen clearly in patients B. and C. (see dream of B. on p. 453) and to some extent in the others also. It shews that the coryza may have a self-consolatory, self-feeding, self-pitying function. The fact that by the use of the oral-upper-respiratory region both the productive-eliminative and the intaking and retentive impulses can be satisfied simultaneously, may be of some significance in the choice of this site for the expression of emotional impulses.

(4) Another local symptom usually seen during these colds is redness of the eyes—mild catarrhal conjunctivitis.[18] In the second and third cases quoted, this reaction is associated with dreams of weeping during sleep. It appears in the same setting as the catarrhal secretions and in association with them, and probably results from the same impulses—certainly from receptive thwarting often with self-pity Its exact connections with the emotions and the weeping are not clear. However, on this point a further observation is illuminating : a male patient with an obsessional neurosis had a mild chronic catarrhal conjunctivitis of years' duration. He would weep when his strong passive receptive wishes were unsatisfied and had many dreams of weeping. He frequently awoke to find moist tear spots on the pillow. When these emotions were analysed the conjunctivitis disappeared.

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[16] *Loc. cit.*

[17] *Loc. cit.*

[18] H. Flanders Dunbar : p. 358, *loc. cit.*

The irritation and soreness of throat, gums, jaw joints, resulting from the activities during sleep combine with the coryza to produce the picture of the common cold.

The emotions and mechanisms here described are not necessarily the ones which can produce the picture of the cold. However, more specific factors have not been sought for in this study.

The General and Concomitant Symptoms

Although we have thus far confined our attention to only one region of the body, it is evident that strong emotions affect other parts as well; indeed, it is probable that all emotion affects to some degree the entire organism. In considering psychogenic organic disturbances, the degree to which one organ is disturbed more than another is probably always a matter of quantity and emphasis. The reasons for the choice of organ, why one organ may be involved so much more than another, have not yet been elucidated. To say ' constitutional ' begs the question. The choice probably depends largely upon past experiences of all kinds and also upon the nature of the predominant emotions. This was in fact suggested by Alexander.[19] For example, where the predominant emotion is an intense receptivity, this is calculated to affect organs concerned with the receptive, intaking functions more than those concerned with elimination. During periods of emotional disturbance, the patients shewed emotional connections not only with the colds they developed but also with other physical activities and symptoms. These other symptoms were of a kind which frequently accompany the ' common cold '.

The general feelings of fatigue, loss of energy, malaise, etc., were seen in the analyses of these cases to be chiefly manifestations of mild depression. However, this is only one factor. In other cases these symptoms may be entirely on a toxic or other basis.

Along with the other symptoms, three of the female patients developed leucorrhœa[20] and the condition was diagnosed by the gynæcologists as catarrhal vaginitis. This is of considerable interest in connection with the catarrhal naso-pharyngitis, and suggests that the emotional stimuli are essentially the same for both. The functions

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[19] Franz Alexander: ' The Logic of Emotions and its Dynamic Background ', this JOURNAL, Vol. XVI, 1935, p. 339.

[20] References to psychic factors in leucorrhœa may be found in Dunbar, *loc. cit.*

of the vagina can also be classified according to vectors. Intaking functions are both receptive and, at least in fantasy, aggressive (vagina dentata)—to keep the parallel to the functions of the mouth. The eliminating functions, besides childbirth, are seen during menstruation and, as in the upper respiratory region, in eliminating catarrhal secretion as part of the defence mechanism against bacterial or other invasion. A further parallel is that the vaginal activities also involve muscular movements and catarrhal secretions. The mucous membrane lining and erectile tissue in both regions has been noted. The innervation of both for secretion and vasodilation is parasympathetic.[21] This similarity probably accounts for the striking development in three of the female patients of catarrhal vaginitis with leucorrhœa at the time of their catarrhal rhinitis and pharyngitis. There is no need to enter into further details since the emotional situation was described in connection with the symptoms in the oral region. Direct evidence that the same emotions produced the vaginal symptoms and that the mechanism of production of the symptoms was essentially the same, was given most clearly in H., the case of the ' clinging vine ' castrative girl, described on p. 459. She spontaneously reported vaginal contractions and secretions, particularly after reading stories of a sexual nature at night at a time when the analysis clearly shewed her strong tendencies of receptivity, aggressive taking, narcissistic competition and revengeful soiling. Data is lacking regarding the vaginal activities of the other female patients, but they also had vaginism and leucorrhœa in connection with an essentially similar emotional constellation. These facts are insufficient to establish a satisfactory psychogenesis of leucorrhœa, but they are suggestive. The close organic relationships of the respiratory tract to the upper gastro-intestinal [22] and to the genital tracts, probably render the respiratory tract particularly

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[21] Practically all of the symptoms in these cases result from the muscular contractions and catarrhal secretions of hollow organs innervated by the parasympathetics. Following Cannon's ' emergency theory ' this suggests a modification of Alexander's concept that emotion, blocked in discharge to the outer world, stimulates the vegetative system. Certain emotions, in these cases receptivity and anger, seem to stimulate specifically the parasympathetic division, which would then seem antagonistic to the voluntary supported by the sympathetic (thoraco-lumbar).

[22] A. Peiper : ' die Atmung des Neugeborenen ', *Jahreskurse f. arztl. Fortbildung*, 1933 24.

adapted to the expression of repressed oral and genital receptive and aggressive impulses.

Coming to the gastro-intestinal symptoms which accompanied these colds, it is unnecessary to do more than briefly point out the emotions at play, since the results are in accord with those of Alexander and his co-workers, who have described them in detail.[23] The symptoms referable to the upper gastro-intestinal tract were anorexia and nausea, the nausea being a defence reaction against the oral incorporative tendencies. This was most clear in the second patient, p. 453. She came to analysis because of an eating phobia, inability to eat in public, the central reason for which was guilt because of her strong oral aggressive impulses—to take and to attack by biting. The symptoms referable to the lower tract, diarrhœa and constipation, followed the mechanisms described by Alexander *et al.* The secretion of catarrh is, of course, a part of the activity of the gastro-intestinal tract, as it is of the respiratory and the genital.

The connections of the remaining symptoms which appeared in the clinical data are not clear. Some urinary urgency appeared in the third patient, C., p. 455, at the time of her most intense aggressive soiling and narcissistic competitive reactions. The fever shewn by patient D., was apparently truly psychogenic. Headaches occurred frequently: that they were clearly psychogenic was evident at the time, proven by their appearance only at such times, and by their disappearance after analysis, except at periods of emotional stress. The frequently observed rôle of unconscious hostile impulses in causing headaches is confirmed by this material. What the specific connections are and what other impulses may be involved is not as yet known. It may be that some of the headaches were secondary to congestion of the mucosæ of the sinuses, itself part of the local psychogenic congestion.

All of the symptoms were elaborated and utilized in the services of secondary gains.

Discussion

It might be expected that an individual's local and general resistance to colds would be decreased by the local irritation and general depression which result from emotional causes, and that he would therefore be more susceptible to infectious colds from contagion or from the viruses in his own throat. This may frequently be true, but it does not seem to be the main mechanism in the cases reported in this paper.

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[23] *Loc. cit.*

For in these the onset was often sudden; the duration varied from minutes to months, without purulence or other conclusive signs of secondary infection; and when a burst of insight into the emotional situation occurred, the symptoms disappeared rapidly. Colds of this type are apparently much more related to allergy (in this case hay fever) than to infection. The interrelationships are, of course, far from simple.[24] But whatever the interrelationships of viri, changes in temperature, other agents, and allergy, it seems certain that the colds described in this paper belong to that group of common colds in which the allergic reaction and not the infectious, is in the foreground, and that in the cases herein reported, the unconscious emotional situation was the main etiological factor. When more is learned of the physical and unconscious emotional factors in hay fever and in other allergic conditions further light will be thrown upon the specific emotions and upon the entire problem of this group of colds.

The responses of the organs, essentially congestion, secretion, and muscle contractions, are simple compared with the variety of the stimuli which affect them directly or indirectly. Some authors, applying the theory of conversion hysteria to the visceral organ-neuroses, have assumed that an internal organ can directly express [25] complex

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[24] Thus Hansel (*J. Allergy*, 5, 357, 1934), has shown that the normal nasal secretion contains few cells, and that an allergic rhinitis can be distinguished from an infectious by the presence of 4 per cent. to nearly 100 per cent. of eosinophiles in the allergic secretion, as against large numbers of polynuclears in the infectious. Moreover, it has been noted by many (for example, see review of Unger, *Illinois Medical Journal*, January, 1937, p. 47), that patients who receive injections of pollen extract throughout the winter seem to be protected to some extent from ordinary colds. As shewn in this paper, alteration of the emotional factors, as seen after psycho-analysis, can also reduce the susceptibility to colds. That is, although several etiological factors may be operative, they may vary in importance and the alteration of a single one may radically affect the result.

[25] Much confusion arises from terminology. In this paper such words as 'express itself', 'manifest itself', and the like, are used to mean essentially, 'stimulate' or 'result in'. For example, saying that a muscular contraction 'expresses' a certain tendency, or a certain tendency 'expresses itself' in a muscular contraction, means to convey only that the tendency (emotion, desire, drive, impulse) stimulates the nerve pathways which activate the muscle. We must disregard for the present the physiological basis of this 'tendency'.

emotionally-charged ideas, for example, a hæmorrhage from the lung as a symbolic menstruation. But co-existence is no proof of causality. The evidence does not seem conclusive. The fantasies described in this paper appeared to be either secondary elaborations (psychological reactions to the symptoms) or else themselves symptoms caused in the psychic sphere, by the same tensions and tendencies which caused the organ symptoms in the physical sphere. Further mental and physical reactions to the fantasies of course also occur. Some of the material suggests that the coryza may be in part a defence reaction against unacceptable, more or less masochistic unconscious receptive wishes or fantasies, just as physically it is a defence reaction against invading foreign agents, such as physical irritants or micro-organisms.

In addition to the obvious climatic, infectious and physical factors, there is probably also a psychological element in the increased frequency of colds in the winter. For in winter the demands on the emotions of work, society, and weather [26] are greater for most people than in summer, and consequently there are more receptive and narcissistic thwartings, hostilities, masochism, and secondary gains. If not primarily psychogenic, colds can at least be easily exploited by the emotional needs, since they have been almost above suspicion, socially acceptable as purely physical, inevitable and 'common' (somewhat as ladies' fainting used to be acceptable).

What percentage of colds and sore throats are primarily physically determined, and what percentage are primarily psychogenic, is a statistical question beyond the scope of this paper. It would not be surprising to find that emotional factors are of importance in a considerable percentage of colds, for some degree of neurosis is almost universal in our present civilization, and the expression of these repressed emotions, particularly by oral and upper respiratory activities, must be widespread.

That emotional disturbances can produce fever [27] is confirmed by two of the cases cited (D., p. 458, and F., p. 459) in which the fever developed during the emotional disturbances, and fell to normal as

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[26] Recent studies in asthma at the Chicago Institute for Psychoanalysis suggest that cold is connected with receptive thwarting in the sense of loss of sheltering warmth, and may be related primarily to birth, the separation from the mother.

[27] For references on psychogenic fevers, see H. Flanders Dunbar: *loc. cit.*

soon as these were analysed. Nocturnal teeth grinding psychogenically determined must certainly be responsible for many of the easily bleeding gums and possibly for some orthodontic conditions.

The striking improvement, but incomplete immunity, which resulted after psycho-analysis may be accounted for in two ways. The first is that the neurotic mechanisms involved were not entirely overcome (and we know that traces always remain). The second is that the patient has been cured of neurotic colds, and that the occasional ones he now gets are due to other causes.

The physical treatment usually employed for colds probably has much more of a psychological effect than has been realized.[28] The importance of the oral receptivity may be recognized in the old maxim ' Feed a cold—starve a fever '.

Summary and Conclusions

(1) Evidence is presented which confirms the observation that emotional factors may be of prime importance in certain cases of the ' common cold ' (including sore throat and laryngitis), i.e. the ' cold ' may be essentially a neurotic symptom.

(2) That psychogenic factors may be of appreciable frequency and importance in the etiology of colds is indicated by a brief statistical survey of the practices of six psycho-analysts: every one of fifteen patients who had repeated colds before analysis, had few or none after analysis (average years of follow up, three).

(3) In the nine patients reported, colds occurred regularly in situations of frustration of strong, mostly unconscious, receptive demands with more or less repressed rage. In the opinion of the author, the evidence in these cases shews that the relationship is causal This observation in no way implies that all emotional states of receptive thwarting result in colds, nor obviously that this etiology is in any sense exclusive. The emotional factor is only one of several (infectious agents, irritants, allergins, temperature changes, etc.), operating separately or in combination, and may be of greater or lesser importance or prominence in any individual case. Nor are the emotions and mechanisms here described necessarily the only ones which can produce the picture of the cold. In the cases reported in which the emotional

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[28] For an example of physical treatment attaining its result by unintended psychological effect, see Marion B. Sulzberger and Jack Wolf: ' The Treatment of Warts by Suggestion ', *Medical Record*, November 21, 1934.

factors played a prominent rôle, the symptoms seemed more closely related to allergic than to infectious conditions, although nothing positive can be concluded on this point.

(4) The emotional impulses stimulate physiological activities in other regions of the body. These result in the other symptoms which frequently accompany colds : gastro-intestinal disturbances (anorexia, nausea, diarrhœa, colitis, constipation), headache, and in women, leucorrhœa. The fatigue, malaise, etc., are often, at least in part, manifestations of mild depression. Fever, apparently truly psychogenic, occurred in two cases. The whole condition is utilized in the services of masochism, passive indulgence, secondary elaboration and various other secondary gains.

(5) Some incidental observations are made on psychogenic factors in catarrhal vaginitis and leucorrhœa.

THE POSITION OF THE PSYCHOPATH IN THE PSYCHO-ANALYTIC SYSTEM

BY

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NEW YORK

At the Twelfth Congress in Wiesbaden, 1932,[1] Ernest Jones presented a paper in which he suggested the division of Freud's phallic phase into two sections, protophallic and deuterophallic. The protophallic phase, according to Jones, reaches the definite primacy of the genitalia but does not as yet consider of high importance the difference between the two sexes, is not as yet aware of castration fear, with the Œdipus complex still in the future. We find the child at the peak of its first libidinous advance and near the turning-point of a phase which Jones calls the deuterophallic. This phase contains the impact of the Œdipus conflict with all its ramifications. I consider Jones' division of manifest importance, practical as well as theoretical. Although I cannot agree with certain details of his analysis, the following considerations are based on his findings.

The so-called psychopath, or a certain group of psychopaths, have their fixation-point in the protophallic phase, it seems to me. The complication of neurosis with psychopathy occurs by way of a second fixation-point in the deuterophallic phase. The protophallic psychopath is an individual whose super-ego differs considerably from that of the normal as well as the neurotic individual. Its evolution lags behind, thus sparing the psychopath the inevitable normal and neurotic conflicts between id and ego. He is impulsive, restrained only by fear of outer powers. He sees and comprehends dangers outside but dangers inside, pangs of conscience are alien to him. Only rarely do we happen upon the pure protophallic. What we generally encounter are combinations of psychopathy with neurosis or even psychosis. Yet it seems possible to separate the psychopathic component from the neurotic one, as was attempted conspicuously by Aichhorn and Reich.

As we know, frequent disruptions take place in the latency period even in the normal individual. With the phallic individual, the latency

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[1] Published January, 1933, under the title 'The Phallic Phase', in the JOURNAL.

phase shrinks to almost nothing. The migration of the educational powers of civilization from outside to inside does not occur in the normal degree, and at the time of the passing of the Œdipus conflict. Hence, the three narcissistic pre-Œdipal phases continue untrammelled on their way overlapping each other, ultimately finding their synthetic expression in the phallic phase.

The psychopath would be a sheer narcissist were it not for his bi-sexual phallic activities which give him the appearance of object libido—albeit an object libido minus any fixation on the subject. Much later, as he finds the father in his way again and again, in the form of all kinds of authoritative powers, and as he learns slowly—much slower than the normal cultured man—to heed him, too late, usually several years after puberty, he develops a surrogate for a super-ego. Thus, conflicts which in the normal person are settled in the deuterophallic phase, pursue him to adulthood. This age, ill-suited for the settlement of those conflicts, fails in its attempts of repression and other defences. The result is the neurotic psychopath with frequent indications of a dual personality ; over-sexed and under-sexed, both tactless and delicate in feeling, bad and good, cynical and idealistic, even stupid and clever—in brief, he is psychopathic *and* neurotic. Let us venture a provisional discrimination : the neurotic psychopath has become afraid of his phallic fixation whereas the pure psychopath enjoys his boundless phallic indulgence : the trembling and the triumphant phallic. As a rule, both of these components exist in one and the same person.

An example for this duality is a kleptomaniac who describes her feelings after having stolen a trifle from a department store, thus : ' As soon as I am out of the store, I start running and then hide in a near-by doorway. I press the stolen object against my heart which beats furiously and I wait. If nobody comes after me, I feel wild, triumphant joy. If I am caught, I feel as though I am sinking into a slough of fear, shame and despair '.

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Let us adhere to the psycho-analytic principle that the structure of sex-life gives shape to the neurosis and also to the psychopathy. Where do we find the primal representation of the psychopath ? In my opinion, the classical Don Juan very closely approximates it. The ' Don Juan Figure ' has been explained psycho-analytically as endlessly seeking his mother ; one who again and again kills his father and wishes to possess his mother. We find this viewpoint in a paper by Otto

Rank [2] which has its genesis in comments by Freud. Stekel [3] has emphasized that the Don Juan defends himself against homosexual tendencies which trouble him unconsciously—a statement which also can be traced back to Freud's elucidation of erotomania.[4] Both theories obtain from clinical observations. But they are valid only for the neurotic, mediæval-Christian Don Juan. The classical Renaissance figure, which we encounter so brilliantly in Mozart's opera, knows neither fear nor defence of any inner dangers. Rank's theory seems to contradict the facts on this particular score. He kills the father, not out of his Œdipus conflict, but as he would kill anyone, motivated by self-preservation. The very fact that he does not know what a father is makes him so terrible: he is pre-Œdipal. He invites the marble statue (the guest of stone) for dinner sans fear or regret. Finally, he goes to hell rejecting in a grandiose way any feelings of guilt or atonement. He knows no mother-respect either, and in the most gruesome way, makes a fool of Elvira who returns to him in a maternal spirit—from his buffoonery he derives an artless, child-like pleasure: cruelty without malice. He is obviously as potent as the devil, and imbibes life in all its manifestations in deep, joyful draughts.

Mozart's Don Juan is a basso who does not merely act the animalistic man: he *is* the animalistic man. I do not know why Rank says that Mozart's Don Juan is not really loved by his paramours. True, he often wins them cunningly, but they are ready to forgive him at any time—in the opera as well as in life—even though they are well aware of who and what he is. This is true particularly of Elvira and Zerline, but to a certain degree of Donna Anna too, whose highly civilized and faithful Octavio is by no means confronted with an easy task. The arias: 'Join hands with me, beloved' and 'Hark, the guitar's sweet chords' are demoniacal indeed; but they arise from an unburdened demon of lust and certainly not from a tormented neurotic or obsessional. So far as the formation of the long row of forsaken women is concerned, a remarkably futile chorus of revenge inasmuch as they are still in love with him, this is not set forth by Don Juan out of his masochistic, self-punishing tendencies. It is the unavoidable

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[2] Otto Rank: 'Die Don Juan Gestalt', *I.P.V.*, 1924.

[3] Wilhelm Stekel: 'Stoerungen des Trieb. u. Affektlebens', Bd. II, 1921 and before.

[4] Freud: *Ges. Schriften*, Bd. VIII, p. 415. English, *Collected Papers*, Vol. III, p. 449.

outcome of the Juanesque One thousand and three. They molest him like flies and contribute nothing to an understanding of the classical, i.e. the genuine protophallic figure.

Certainly, Mozart arouses fear. Not in his knight but in us, the audience, whose deeply repressed protophallic desires are stirred up. True, ultimately one goes to hell, but one has a damned good time as long as it lasts. We are told that Mozart created the overture of his masterpiece in one single night, shortly before it was scheduled to open, in the presence of his rollicking drinking-companions. Several previous attempts had not succeeded. His task was to build a bridge from the intimidated, cultured man, always ready to receive punishment, to his Renaissance hero who blows up all fetters of civilization. In point of fact, he does not even seem to know of their existence. Mozart succeeded in this with a superhuman piece of genius. Don Juan, with the aid of Mozart's librettist, Da Ponte, actually becomes the Prince of Darkness: not the neurotic Lucifer or the cynical, caustic Mephisto, but Satan, the laughing Devil-Incarnate himself.

In the figure of Mozart and Da Ponte but one character of the phallic psychopath is lacking: the feminine component always present in every Don Juan, neurotic as well as purely psychopathic. It would seem that Mozart who frequently played up this component in his delightful, jocular way (Cherubin !) was not inclined to elaborate it in the figure of his Prince of Hell. Nor was Da Ponte so inclined; yet it may be felt here and there in the music. The phallic Don Juan whom we meet up with in life does not hide his feminine component. It is split off from his masculinity. *The two components are disintegrated and co-exist side by side.* In contradistinction to the neurotic Don Juan, his femininity holds no terrors for him; he enjoys it and reaps its every advantage. He has a passion for sartorial perfection; is impeccable, charming. He displays a remarkable knowledge of woman's dress, her toilette, her cooking and needlework. He possesses her innate fastidiousness, knows how to laugh and to weep with her, to throw himself at her mercy and serve her. He dances with feminine grace and conquers the woman with her own weapons. We might venture that he wins the woman by appealing to her lesbian-maternal component, resembling in this respect Cherubin of Mozart's Figaro. To women who do not appreciate this mode of approach and particularly to men, who scorn all this 'ballyhoo', the man is repellant.

However, with the duality of his personality, he is also masculine. At times brutal, fearless and trouble-seeking. He gratifies his para-

mours with unbroken sexual efficiency. His is the type which made Freud come out with the shocking statement that a man reaches complete potency only when he has overcome all fear of incest and any respect of (father and) mother [5]—overcome or never known. In the sense of the libido theory we might say that his libido is more mercurial than that of the normal cultured man in that he charges both his masculine and feminine components alternately. He has not learned fixation and limitation to only one sex, because he has never passed through the narrow strait of castration anxiety. Should the question be raised: Why then is he not overtly homosexual? the answer would be: He very frequently is overtly homosexual and almost always creates that impression. This type looks like a penis and attracts not only women but men. He is as untrue to men as to women, yet both sexes harbour surprisingly little grudge against him. They overlook his aggressive, destructive nature because they feel and love the child in him. His victims, save if they are his equals, suffer intensely, but he does not mean to hurt them and they know it. As a rule, however, this type is not overtly homosexual, preferring women because they are more malleable. He can satisfy both his components with the feminine sex.

We rarely encounter the classical Don Juan in our practice. Why should he come for treatment when he is quite content with himself and his design for living? It is probably for this reason that the protophallic Don Juan has never been delineated. Like any psychopath, however, he is in great danger of developing a neurosis or psychosis. His florescence is short. Even before the Marble Statue gets him, he has been wrecked by castration fear which in all likelihood has its roots in phylogenetic soil, even though little or nothing of it can be found in his individual history. Resultantly, he swings between protophallic and deuterophallic fixation points, displaying manifold combinations which eventually manifest but little resemblance to the original Juanesque pattern.

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A type rarer than the protophallic man sans neurotic amalgamation, is the protophallic female, the feminine counterpart of the classical Don Juan. She has been named not very happily, in my opinion, after the Roman Empress Messalina. What we know about Messalina

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[5] Freud: *Ges. Schriften*, Bd. V, p. 206. English, *Collected Papers*, Vol. IV, p. 211.

obtains chiefly from the poet Juvenalis and inimically inclined historians.[6] According to them, Messalina had three besetting sins: insatiable promiscuity, cruelty and greed. Life granted her no time for the maturing of the inevitable neurosis or psychosis, for she was murdered at the age of twenty-six. Her own murders were supposedly effectuated by poison; thus we find oral, anal and protophallic traits in perfect accord with the premises of the pre-Œdipal psychopath. The question remains, however, as to whether Messalina really was as tradition depicts her. Her type is found in the legend of universal history with astonishing frequency, but we are always left in doubt as to the authenticity of the informers. To-day, historians are inclined to the belief that the character of the famous Lucretia Borgia was defamed and calumniated by her former husband, Sforza and his paid stool-pigeons. Less well-known to us is the name Anula, a Queen on the Island of Ceylon, who died in 42 B.C. Hostile monks imputed to her all the debauches which debase Messalina's name. And Theodora, Empress of Byzanze, found a wholly untrustworthy biographer in Prokopios of Cæsarea, who describes her as vicious, murderous and lustful.[7] The frequent return of this triad is remarkable indeed. It is not at all improbable that these Messalinas as brought down in the tradition of the Christian era never existed and are wholly fabulous. It is well known that the actual existence of Don Juan has never been established. The figure is handed down to us distorted by monkish wrath, thus teaching us more about the complexes of the monks than of their models. In the creation of the Don Juan figure the wish to triumph over the Œdipus fright comes into being; in the creation of the feminine counterpart produced by masochistic men is cradled the wish to be devoured by the vampire. Actually, phallic women frequently manifest surprisingly little sadism, because they have renounced the first two pre-Œdipal phases in favour of the third one. We can understand, however, why they easily regress to their oral and anal potentialities and on the way fall into neurotic confusion.

The protophallic woman can be traced back to three different imagos: Messalina—oral, anal, phallic; Lucretia Borgia—oral, phallic; and to a third purely phallic type, Helen of Troy, Aphrodite's

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[6] Detailed description of Messalina, also of the murderess Livia, wife of the Emperor Augustus, may be found in the two historical novels by Robert Graves: *I, Claudius* and *Claudius, the God.*

[7] Prokopios: Anecdota, app. 550 A.D.

favourite. In his Faust, Goethe introduces this same figure; a classic, irresponsible beauty, who at the tender age of ten elopes with Thessus, thence going from man to man—Castor, Pollux, Patroklos, Menelaos, Paris, Deiphobos among many others. Even the deceased Achilles comes back to her from the shadows. Her admirers were so numerous that the myth divides her into two parts, one Helen of whom lived in Troy, the other in Egypt. Terrible wars were waged because of her, and death and destruction followed in her wake. But in all this devastation she takes no active part; she just smiles and surrenders. I have reported on the conversion of aggression and masculinity into beauty in another paper.[8] The myth is silent about the masculine component of Helen just as are Da Ponte and Mozart anent the feminine component in Don Juan. But the fact remains that all these men who fall in love with Helen do not succumb without her aggressive intervention; she seizes them.

Like the phallic man, the phallic woman makes no effort to discipline her impulses and mould them into a civilized pattern. She, too, entertains no fears of any inner laws, hence sets up no defences against contradictory polarities. *The absence of psychic defence mechanisms is characteristic.* She concedes her bi-sexuality and narcissism and quickly recognizes the Don Juan as her counterpart and equal. All she seeks is a penis. Everything else which is considered (*erlebt*) masculine, she herself possesses. She is both feminine and masculine in so disintegrated a form that at times she appears completely masculine and at other times, exquisitely feminine. The normal woman and the normal man reach a productive coalescence of the two sexual components. The neurotic dwarfs one component because he fears it. The protophallic psychopath displays both constituents—as described herein in the psychology of the Don Juan—because she is reconciled intrepidly to both of them. She can play both instruments. In her feminine rôle, she manifests exceeding devotion, ardently ready to sacrifice herself for her beloved and exuberantly equipped to make him sexually happy. As a masculine creature, she is bold, venturesome and aggressive, brutal, totally lacking in all feminine restraint. Bi-sexuality is written into her countenance even more conspicuously than in the Don Juan's. As Don Juan wins the woman with his feminine component, so his feminine

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[8] Wittels: 'Mona Lisa and Feminine Beauty', the JOURNAL, 1934; also *Imago*, 1934.

counterpart wins her man with her masculine constituent. The Don Juan has little esteem for woman because he has within himself all that she has to offer. The same holds true for the protophallic woman ; she is contemptuous of man until she is ultimately driven into a neurosis on the ground of penis-envy. So long as she succeeds in eluding this dire eventuality she possesses the power to be more feminine than any other woman (the ' primal woman ') because she has neatly detached all masculine dross from her femininity. Androgynous women on the stage and in the cinema, are particularly well suited for presenting distilled, ravishing girlhood. In a Western metropolis, three actresses within the past ten years have given rapturous performances as Juliet of Shakespeare's tragedy. All three of them are known as Lesbians.

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Phallic bi-sexuality under the pressure of cultural demands can be displaced from the purely animalistic level to a more civilized plane. The Helens, however, are not so inclined. They are too attractive and, as a rule, lack the requisite grey matter. Yet the Greek hetæras way back in the early centuries were highly gifted Aspasias, well-endowed to compete with man in mental spheres. A woman with disintegrated bi-sexuality who has inherited a good thinking apparatus is prone by dint of her success, to de-sexualize her masculine tendencies. In this way she is able to achieve success on the so-called ' masculine line ', and thereby satisfy her narcissism for an indefinite time.

It is clear that de-sexualizations of this kind are not effected by inherited talents alone. Early and strong fixations on a gifted father with repudiation of the mother, continued transference and identification with teachers and other authorities play decisive parts. Here, we leave the territory of pure phallic and enter the field of the neurotic phallic. But pre-Œdipal fixation and permanent disintegration of bi-sexuality are always the premises of the phallic psychopathy—also in its neurotic complication.

As we know, high mental accomplishments cannot rightly be called masculine. Neither man nor woman can genuinely accomplish anything without enlisting the entirety of his personality, i.e. the fusion of both masculine and feminine constituency. For this reason, the productive, gifted woman must call upon not only her masculine, but also her feminine component, thereby de-sexualizing it. With such organization—dangerous though it is—the normal woman has the potentiality of success and attains it if she is fortunate ; not, however,

with the same ease as the gifted man, for the woman is inherently handicapped by biological and social obstacles. With attainment, she may derive in consequence both erotic gratification and de-sexualized contentment : in both realms bi-sexuality is in harmony. In the case of the phallic woman, however, her disintegrated bi-sexuality falls apart again and again and she becomes resultantly inconstant and unhappy in her erotic life as well as in her desexualized work. Unlike the pansexual Helen of Troy, she has desexualized one of her two component parts—the masculine—has drawn on a good deal of her feminine component, and what is left over is destitute.[9] Either this last bit of femininity is defiantly rejected or debased by promiscuity, or—and this happens none too rarely—it drags along forever dissatisfied and despairing. Paradoxically enough, these women do not regard themselves as masculine in any sense and resent their being thus classified. Like the Helen-type, they have separated their femininity from their masculinity, hence they experience (*erleben*) themselves as exquisitely feminine, with the normal woman's need to love and be loved. But while the world pays tribute to her success as a masculine personality, recognition and satisfaction on the feminine line is denied her. The outcome in these circumstances cannot be briefly prognosticated. There are so many eventualities. The road leading to genital harmony is blocked. Open are retrogressive paths, i.e. oral and anal. Thus we find sadism, greed, miserliness, but also the ' vicissitude ' of the reversal : masochism, charity, self-sacrificing friendship.

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Stekel was the first to point out that the kleptomaniac steals a penis. Here we see a displacement of sexual desires into the criminal field. According to Stekel (1908 and 1922) it is essential for the kleptomaniac to provide a forbidden gratification ; to take something forbidden into his hand. Other psycho-analysts,[10] myself

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[9] The Helen-type acts quite differently. She, too, suddenly feels that she must do something. With great zeal, some activity is undertaken. Like the Budget voted by Congress, the necessary means are desexualized. But the fireworks last only a day or two ; she reverts back to the old Helen, happily relapsed.

[10] Stekel, Jean Jacques Rousseau in ' Stoerungen d. T. und A.' Bd. V. 1922.

A. Kielholz : ' Giftmord und Vergiftungswohn ', *I.Z.P.*, 1931.

A. Kielholz : ' Weh dem, der luegt ', *I.Z.P.*, 1933. Case Walter.

Zulliger : ' Berichte ', etc., *Z.P.P.*, 1935. Case Cécile.

included,[11] have studied a great number of kleptomaniacs with the conclusion that kleptomaniacs express and substitute for all kinds of narcissistic longings. It is true of this symptom as of all other neurotic symptoms ; it changes its meaning during life, but in a form which never quite renounces its obsolete purport. To steal on the oral level (food) is a longing for the mother's milk ; to steal on the anal level (money, chocolate, etc.) fæces ; on the phallic level, the penis. Kleptomania is also a vicarious form of masturbation, nail-biting, stuttering, lying, enuresis, with the ultimate possibility of developing into rational and professional criminality. It is important to again emphasize that stealing is intimately connected not only with pseudologia, but also with the activities of the swindler, impostor and other forms of deviation down to robbery, murder and homicide. That is why Delbrueck's *Pseudologia Phantastica* (1891) is nowadays rejected as a nosological entity ranking in the general conception of protophallic psychopathy as a symptom. It is a rare Don Juan or child-woman who does not lie, cheat, deceive and even steal. Some commit homicide and suicide. Fundamentally, all these psychopathic activities serve sexual purposes in the Don Juan and his feminine counterpart. But they are easily desexualized and the primal link connecting the impulsive misdemeanour and the sex-urge is then often completely eclipsed. Let us look at a particularly pertinent example for this from Zulliger's ' Cécile '.[12]

Cécile is only fifteen years old, pretty, intelligent, the child of well-to-do parents. She affects a doll-like make-up, has innumerable affairs with men, collecting her conquests ' as an Indian the scalps of killed foes '. She writes letters worthy of the ' courtesans of the seventeenth century '. She lies in the most fantastic way displaying

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Zulliger : ' Ein Diebskleeblatt ', *Z.P.P.*, 1932.

Ernst Schneider : ' Neurot. Depression und Stehlen ', *Z.P.P.*, 1933.

Charles Baudouin : ' Ein Fall von Kleptomanie ', *Z.P.P.*, 1930.

Berta Bornstein : ' Enuresis und Kleptomanie ', *Z.P.P.*, 1934.

Oskar Pfister : ' Gewohnheitsdieb, Morphinist und Totschlaeger ', *Z.P.P.*, 1931.

Ella M. Terry : ' Stottern und Stehlen ', *Z.P.P.*, 1931.

Karl Abraham : ' Die Geschichte eines Hochstaplers ', *Imago*, 1925.

See also literature of Kielholz, *I.Z.P.*, 1933.

[11] Wittels : ' Die Welt Ohne Zuchthaus ', *Zürich vorher*, Stuttgart, 1928. and *Journal of Nervous and Mental Diseases*, New York, 1929.

[12] See Footnote 10, p. 479.

remarkably vivid imaginative powers. She also cheats, defrauds, steals, forges signatures—in short, is capable of anything. Her ability to act is admirable ; life is her stage. Despite all this, she manages to ingratiate herself to everyone with her charming and enchanting mannerisms. It is difficult to determine whether her inventions are lies or fiction. If she is caught at a lie or even at a theft, she is as little embarrassed as a child interrupted at its play.

Zulliger entertained no hope for a durable therapy in this case, although he was able to establish a temporary positive transference. He asserts that there is no permanent occupation or profession for which this type is suited. Perhaps in the field of sports or in the theatre, but even in these professions some discipline is indispensable and these narcissists—let us add, bisexual narcissists—have no sense of discipline. It might be a good idea, Zulliger goes on to say, to send such people into some unknown, uncivilized and even dangerous country, where they would be compelled either to restrain their narcissism or perish. As this suggestion—more the sigh of an educator in despair than a suggestion—is obviously impracticable (the author alludes to the British who sent their criminals to Australia in by-gone centuries) there is nothing left but an unfavourable prognosis : narcissistic psychopaths must perish, ' as the fate of Narcissus consistently demanded '. Here we may add that in the nineteenth century ' black sheep ' were frequently packed off to America. Many of them, the majority, shipwrecked there. Jail, liquor, tuberculosis and syphilis worked their ravages. Others climbed high within the atmosphere of the frontier spirit then flourishing in America. The inner change was partly negative : spatial removal from the Œdipus impact ; and partly positive : the happy foundation of a family of their own, often in the sense of Freud's ' debasement of love-life '.

In Abraham's study of an impostor,[13] published shortly before his death, we can observe the sometimes miraculous effect of founding a family. N., twenty-two when Abraham saw him, had already achieved incredible results as an impostor, using his feminine component as a bait. He lies, steals, embezzles, forges, cheats, but his friends continue to find him charming none the less. He is prosecuted by court-martial, and to prevent his escape from prison in which he is famous as an expert jail-breaker, the court appoints three exceptionally reliable and

[13] See Footnote 10, p. 479.

intelligent corporals to permanently guard his cell. Ten minutes (*sic !*) later, Abraham arrives and what does he see ? ' To my surprise, there were no guards in front of the cell, only a few empty chairs. Entering the cell an unexpected picture presented itself. N. was sitting at a table, drawing. One of his guards served as model and the other two looked on. We later learned that N. had won over his guards on the short way from the hospital to the prison, telling them about his skill in drawing and promising to sketch them.'

At the outset, Abraham considered the case incurable. To his surprise, however, a complete change came to pass. He saw N. again after his metamorphosis into a blameless, social individual had lasted for four years. He had been very unhappy as a child, born late in the life of his parents and unwanted by either of them. His brothers and sisters, all much older than himself, hated him. ' *The regular course of his Œdipus complex did not take place.*' When he was twenty-six years old he met an older woman who liked and mothered him. They became intimate. There was no barrier between mother and son because her husband had died long ago. There were a few sons who naturally had a prior claim on this woman's love, but she preferred N. (who came so late), married him, thus ceding to him and not her own sons. the position of her late husband !

Abraham rightly calls this the perfect fulfilment of an infantile longing. We wish to point out that in this case the Œdipus conflict was not settled for the simple reason that the boy had never attained this stage of development. He is fixated on his mother pre-Œdipally and later meets her again, detached from all rivals—father, brothers, sisters, i.e. pre-Œdipally. We learn that his anti-social activities began in his ' earliest age '. At the age of five he was an experienced swindler. At the age of twenty-six he overcame his narcissistic condition by transferring on his mother, with ' no guilt in it '. The case was never analysed so we do not learn to what extent guilt feelings existed previously. Nor do we learn whether N. ever relapsed into his former way of living. So far as guilt feeling is concerned, it is my belief that the psychopath does not experience guilt to any noteworthy extent, because he acknowledges the bisexual structure of his personality. Having been unable to obtain any gratification from his parents and siblings, N. desexualized his instincts into criminal deeds. His transformation is based on his regression to the protophallic situation, to ' little mammy ', who is still coveted and regarded without differentiation of sex.

A. Kielholz [14] follows up Abraham's case with a thief, tramp and fraud (Walter), who married and remained within the confines of the law during the six years of his marriage after which time he succumbed to a relapse. Kielholz wonders about the improvement of this case, inasmuch as all during the seemingly happy marriage, there existed an intimate relationship with a homosexual psychopath whose acquaintance Walter had picked up in jail. Walter broke down when this man forsook him. He stole $3,000 from a locked drawer, left his wife and spent the money in luxurious travelling.

Kielholz, who displays extraordinary insight into the nature of the psychopath, fails to see that Walter, even more so than Abraham's N., lived for six years in the fulfilment of his bisexual phallic longings. He enjoyed relations with both a man and a woman. The moment the triangle collapsed, he collapsed with it; he could no longer be a good member of society. Kielholz comes to the following conclusions: in eight cases under his own observation which he briefly describes, and in seven additional cases which he also cites, he misses 'the clear, heterosexual instinct'. 'Pathological liars lie like children who have not made up their minds about their sex . . . they are capable of a better empathy because, due to their bisexual organization, they identify better than the normal with persons of either sex'.

Aichhorn and others have similarly concluded, to wit: the bisexual structure of the psychopath cannot be overlooked. But they fail to sufficiently disunite Œdipal and post-Œdipal tendencies of the super-ego from their untrammelled instinctive genesis. Jones' division into protophallic and deuterophallic phases now renders this separation possible. This subdivision is of such importance that it might be well to consider one more phase in the evolution of the libido: the oral, anal, phallic and Œdipal phases, marking the Œdipus conflict and its passing as the fourth phase.

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The performances of the criminal phallic psychopath indicate desexualized polarities at the place of the original bisexuality. They steal what is not theirs: polarity of mine and yours. They lie: polarity of true and untrue. They play parts: polarity of I and the other fellow. They are aggressive: polarity of courage and cowardice. Sometimes they kill. They kill one of their two components which they project outwards. Elsewhere I have explained in detail that the

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[14] See Footnote 10, p. 479.

psychopathic suicide is based on a similar tragic error. He wishes to kill one of his two components, hence kills himself. The divergence between the phallic murder and the phallic suicide can be delineated as follows: I murder the other man as though he were a part of me, in me. I commit suicide intending it only for a part of me, in me.

An example for phallic murder! On Good Friday of this year in New York City, the young writer, Mrs. Nancy Titterton, was found dead in her bath-tub, tied up with an upholsterer's rope. The body was almost nude, garotted with her own clothing. Signs of rape were present. Mrs. Titterton was small, delicately made, scarcely weighing one hundred pounds. She was known to have lived simply and somewhat secludedly. Two weeks later, an upholsterer's apprentice, Fiorenza by name, was arrested as her murderer. He was only twenty-six years old, himself a slender, frail man, unusually neatly attired. His appearance betrayed a bisexual understructure. He had been previously convicted for repeated automobile thefts and at the time of the murder was out on parole. Those who knew him said that he was a day-dreamer. He had pleasant, ingratiating manners and was well-liked by his employer and his wife despite their knowledge that he was an ex-convict. They remarked that they would never have believed him capable of committing such an atrocious deed. Fiorenza maintained that he needed the automobiles to entertain girls, different ones all the time. Rarely was he seen with the same girl twice. His friends reported that he would turn and stare at each girl he passed with peculiarly excited glances—symptomatic of a rudimentary Don Juan. Shortly before his crime, however, he became engaged to a nice girl. The first time he saw Mrs. Titterton was when he called with his employer to discuss the re-upholstering of a love-seat. The next day he stole into her apartment, assaulted her and then strangled her to death. Despite his detailed confession, the actual course of the crime never became quite clear. He informed the police that he had to do it. He had found her so attractive that he was beside himself with love for her. He was small and frail, but she was even frailer, so he dared to attack her. When she fell unconscious, he threw her into the bath-tub probably in an attempt to create the appearance of drowning, but changed his mind and ran away. Psychiatrists pronounced him responsible in the eyes of the law, and so he was sent to the chair. Long before the murder he had been frequently examined by psychiatrists who diagnosed his condition as psychopathy and 'potential psychosis'.

Utilizing what we know about bisexual suicide and the aggressive (paranoic) homosexual, we may venture the assumption that Fiorenza killed in his victim his own homosexual component, his own femininity outwardly projected. He fell in love with her because he made her part of himself (narcissistic love). At the same time, he desired to become rid of her completely because she harassed him from his unconscious (his own femininity). The frail, little woman begged him to let her alone, but her pleas fell on deaf ears and merely served to increase his cruelty. Then and there seemed the time to put an end to the woman, to his femininity. We come upon this sinister mechanism frequently once it is called to our attention.

Typical of this group—not only of murderers but of all types of psychopathic transgressors—is the dual personality, the Jekyll and Hyde figure, which we encounter from time to time. Fiorenza is to all appearances, a good, amiable, harmless boy who wants to marry a respectable girl. But first he is a thief, then he becomes a murderer. No one plays the honest man so well as the impostor. He looks you straight in the eye, shakes hands like a man, is a pillar of society throughout. He successfully separates his criminal personality from his normal one and for years—though this is a rather infrequent occurrence—is a desirable member of his community. At any rate, he was, is and always will be a crook ; he cannot help himself.

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In 1908, Freud published a paper called : ' Hysterical Phantasies and their Relation to Bisexuality '.[15] We learn that the hysterical symptom, when all is said, is ' the expression of both a masculine and feminine unconscious sexual phantasy '. But this—Freud says—is not always so, because the hysterical symptom does not always reach this complex, unified structure. We can frequently separate the two expressions, ' so that the symptoms of the heterosexuality and the homosexuality can be as clearly distinguished from each other as the underlying latent phantasies '. I feel that this lower level of symptom-formation goes back to an older phase of fixation : behind the classical Œdipal hysteria, there appears a protophallic form. We have always been under the impression that psychopathy and hysteria are close neighbours. We might also attribute to this step in the development of instincts, which is untrammelled and as yet, not surrounded by suppressions, what Freud emphasizes in the same paper, ' the case of

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[15] Freud : *Ges. Schriften*, Bd. V. *Collected Papers*, Vol. II.

hysterical persons who may not express their phantasies as symptoms, but consciously realize them in action and thus imagine and actually bring about assaults, attacks, or sexual aggressions'. Here, we recognize our protophallic psychopath, and from this point we see a new light falling on to a psycho-analytic comprehension of the criminal in general.

The problem as to why some neurotics content themselves with the unconsciously imagined crime, why others sublimate these tendencies in a grandiose way like Dostoievsky, and others again, proceed to actual crime, has been thus far elucidated by psycho-analysis only in general, metapsychological terms: the divergence supposedly lies in the 'economic' factor. Perhaps the divergence resides in the fact that *the criminal is rooted in his protophallic phase* in which the instinctual momentum and the bisexuality of the little man reaches its peak, as yet unaware of the pending Œdipus conflict and the father authority which later becomes the super-ego. This would naturally be a valid explanation only for the simplest form of criminal. The criminal out of guilt, the professional criminal and other transgressors have a more complex structure. But it is possible that all of them proceed to their crimes by way of regression to protophallicism.

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To know the fixation-point of the more or less criminally active psychopath in his protophallic phase is of manifest importance for prevention and therapy. Prevention must focus the age between three and five, uproot and eliminate their difficulties of development. A. Adler's classification of children who fail as adults may be accepted by educators to pave the way. He groups them thus: children with inherited inferiorities of the organs or chronic diseases acquired early in life; children pampered and smothered with love; children who grow up without love. Psychopaths are frequently found among the following: the only child; the oldest child, often the only child for a long time; a child born late in the life of its parents; a child unloved or too much loved. It is essential to place importance on the desire to attain double satisfaction which accrues from the bisexual plant. Since we desire to circumvent homosexuality in our civilization, it is necessary to sublimate the undesirable sexual component. While this is true for all children, it is particularly important for the child in protophallic menace. It also needs a certain amount of affection and pleasurable activity. Co-education is desirable. But modern education knows all this and I am merely repeating here what wise peda-

gogues tell us. Perhaps this one observation is new—that we have to contend with a bisexual urge which has a tendency to disintegrate and which must be guided to the desirable heterosexual fixation.

The therapy of the adult protophallic, on the other hand, presents a more difficult problem. In point of fact, many experts have pronounced it hopeless. I do not altogether agree with them. We shall never be able to change the phallic into a compulsive machine of duty. But why should we ? Let us watch the self-therapeutic focus of life. In two of the cases herein quoted, normality (at least, temporary) was established (the cases of Abraham and Kielholz) when the phallic wishes were satisfied. Such a fulfilment alone can certainly not serve to effect a permanent cure inasmuch as phallic wishes are in themselves too ephemeral. Even fulfilment soon fails to satisfy because the protophallic and his object are but weakly soldered together (no libidinous fixation). There is no doubt that the protophallic endures renunciation and denial with little grace. But, as said before, not even fulfilment suffices. Evidently something else is needed—a fixing-agent as a substitute for the super-ego.

This agent must operate from outside and the phallic must stand in awe of it. If he is frightened, he will run away ; he may even commit suicide. There must be libido in his entanglement of fear. Aichhorn has shewn us repeatedly how such a thing is accomplished. But I wonder how many people can equal his inimitable powers. I have seen men and women who have taken the burden upon themselves of supplying and substituting the super-ego for their weak marital partners during their life together. They are able to do this because they love their psychopathic mates. These types, as we know, can be very lovable to those who love them though unbearable to those who do not. Unfortunately, the psychopath usually marries either his equal or an individual he can dominate, while desperately in need, himself, of firm guidance, firm and gentle at the same time in that indescribable mixture which love provides. Protophallic women must be allowed wider license in sexual liberty ; they must even be encouraged in this direction. The average marriage cannot maintain this. The same thing holds true for the protophallic man—it would be the worst part of wisdom to persecute him with jealousy.

Protophallics need glory and glamour. Glamorous professions such as the stage, politics, all rhetorical rostra may be contemplated. Essentially, they are unsuited to any occupation, but they sometimes attain success spurred on by their love-partner from whom they cannot

rid themselves due to a sado-masochistic entanglement. Even the prostitute is devoted to her pimp, the hysterical prima donna to her director. Where such an optimal relation between the psychopath and his guardian lasts long enough, say, ten, twenty years, a belated immigration of the super-ego may take place : the psychopath becomes a human being.

The psychopath is frequently highly talented. Having eluded the Spanish boots of education he retains the unbroken, refreshing spirit of a bright child, assuming that he was a bright child. Hence, he attains success even in his brief attempts at socially acceptable occupations. Occasionally, he makes a lot of money wherewith he becomes fixated anally. Or he triumphs in some other form of aggression, plus compulsion, for which society endows him with glamour. Some psychopaths play brilliant rôles up to the very day of their death.

In our psychotherapy, we necessarily emulate the curative methods observed in nature. Classical psycho-analysis of the neurotic phallic is certainly feasible inasmuch as there are unconscious conflicts which can be made conscious. But it is not very promising because the phallic has not fled into his neurosis from a normal reality but from a psychopathic reality, into which he might return when his restricting fears and inhibitions are dissolved. He has good cause to fear such a liberation. I have nothing new to tell the psycho-analyst on this score. These are the analyses which drag endlessly and for whose duration we are so often censured. The transference carries the psychopath so long as he is under analysis and not longer. The psychopath himself is well aware of this, and for this reason clings to his analyst. It is not what we would wish transference to be. Our end-result depends on whether he becomes capable of binding his disintegrating polarities into a definite heterosexual (or even a homosexual) total personality. Such an end-result, however, comes late, if ever. Generally, attempts to analyse psychopaths are short-lived. They break away before any transference worthy of the name can be established.

ABSTRACTS

Clinical

Ernest Jones. ' The Unconscious Mind and Medical Practice.' *British Medical Journal*, 1938, Vol. I, p. 1354.

After expounding briefly the theory of neuroses and laying special stress on the nature of defence mechanisms the author comments on the medical neglect of psychology. He considers that the usual excuses for this—difficulty of acquiring a knowledge of the subject, confusion between different ' schools ', etc.—are only partly justified and that a more important explanation is the simple one that the physician as well as the patient is a human being and therefore subject to the universal repression and dread of the unconscious. Doctors characteristically use a particular mechanism, namely, ' projection on the somatic ', which the author illustrates from his study of the nightmare phenomenon. Two further themes are dealt with : the interaction, whether collaboration or opposition, between the unconscious minds of the patient and physician ; and the various ways in which the presence of organic disease stimulates any latent neurosis. Finally he expresses the opinion that the physician's unconscious extensively influences his scientific views to daily work in such fields as ætiology, pathology and, above all, therapeutics.

Author's Abstract.

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Lawrence S. Kubie. ' Modifications in a Schizophrenic Reaction with Psycho-analytic Treatment.' *Archives of Neurology and Psychiatry*, 1937, Vol. XXXVII, pp. 874–880.

This is a report chiefly from the clinical angle of the changes in the type of reaction of a patient who just before analysis had an acute psychotic episode of an undoubted schizophrenic type, with panic, perplexity and persecutory delusions, followed by mutism and catatonic posturing. During the treatment a series of strains precipitated a further episode of acute illness, in which anxiety led up to a hypomanic swing, followed by panic and confusion ; but in this case she had insight into her tendency to delusion formation.

After a further eighteen months of analysis, during which her unconscious homosexuality was worked over, a third episode of illness was precipitated by her husband's sudden decision to leave her. The onset was similar to the previous pattern, but this time there was no semblance of delusion formation. The analysis has gone on, and she has continued to improve both in analytic insight and in her adjustment to life.

W. Hewitt Gillespie.

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J. H. Van Der Hoop. ' On the Objectivity of the Psycho-Analyst. *Brit. Jour. Med. Psych.*, 1938, Vol. XVII, Part 2, pp. 201–216.

A contrast is drawn between divine influence, magic and suggestion, on the one hand, and psycho-analysis on the other. The latter aims at objective knowledge of the patient's mind. After a brief survey of how psycho-analysis obtains this, the analyst is himself examined in order to find how his objectivity is arrived at, and a number of factors are considered. Among these a knowledge of his own ego reactions, in the light of the work of recent years on ego-psychology, is essential, but it is impossible to be a mirror for another person's thoughts and feelings, without using one's own subjective personality as an instrument for the purpose.

The super-ego and its development are next touched upon, and the aims of psycho-analysis in regard to them are stated. The ideals of the patient may be altered by psycho-analysis, and though the analyst may not wish to do so, he inevitably must to some extent, by acting as an auxiliary super-ego. Has he a right to assume that his ideals are objective, or has he his own special form of ideal demands for human health and happiness ? This form seems at least to be ranged against self-deceit and cheap forms of narcissism.

The conclusion is come to that ' Objectivity implies being open to all possible forms of subjectivity, having experienced in one's self the sins of mankind as well as its highest aspirations, and being aware of the different ways in which the ego tries to harmonize these influences '.

R. A. Macdonald.

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N. Speyer and Berthold Stokvis. ' The Psycho-Analytical Factor in Hypnosis.' *Brit. Jour. Med. Psych.*, 1938, Vol. XVII, Part 2, pp. 217–222.

This paper presents in brief the thoughts of a person under hypnosis, and the following conclusions are drawn :—

(1) The erotic attitude of the person hypnotised towards the hypnotiser plays an important rôle in establishing the hypnosis.

(2) A regression of erotic instinct life takes place under hypnosis, generally to the Œdipus situation or even earlier.

(3) The facts in the statements of the hypnotised person confirm experimentally, for the first time, the conception of hypnosis based on psycho-analytic theory.

R. A. Macdonald.

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Saul Rosenzweig. ' The Definition of Ambivalence.' *Brit. Jour. Med. Psych.*, 1938, Vol. XVII, Part 2, pp. 223–226.

The author considers that the term ambivalence is used too loosely

and should be restricted to the object, the corresponding condition in the subject being more accurately termed ambitendence. Objects in the environment which are not ambivalent could appear so to the ambitendent person, as a result of many unsolved conflicts in the past about genuinely ambivalent objects.

R. A. Macdonald.

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Robert P. Knight. ' The Dynamics and Therapy of Chronic Alcoholism.' *Internationale Zeitschrift für Psychoanalyse*, 1937, Bd. XXIII, pp. 429–442.

This paper is based on ten personally observed male patients, seven of whom were partially analysed, and on the observation of thirty male patients cared for by colleagues. In all cases personality symptoms and weak psychotic symptoms of a paranoid and schizoid nature were found. The typical childhood situation was that of a mother who over-indulged the child and fostered excessive ambitions, and of a cold, imperious and inconsistent father. Both parents did much unconsciously to maintain a passive attitude and develop ambivalence. Oral passivity became exaggerated at puberty when jealousy of men's potency and fear of identification with a bad, seducing mother became apparent. Alcohol is used to produce recurrent psychotic regressions of both libido and aggression to get forbidden pleasure and to release repressed hostility in phantasy and reality. Occasionally the psychosis becomes more or less permanent. Details of the masochistic and sadistic phantasies in several severe cases are given.

Necessary modifications of technique are discussed. Several anamnestic interviews with wise questioning are needed at the beginning in order to decide in what situation treatment will be possible. Some can be treated in private with a hospital in the background, whereas others need to be treated continually in hospital. Some social contact with the patient may be necessary and continued suggestions of harmless alternatives to alcohol may help. Understanding of the early tender, indulgent aspects of the transference situation is essential. Later in the treatment psycho-analytic technique without modifications can be pursued.

A tentative classification of the severe types is attempted and the grounds for needing to aim at complete abstinence with certain patients is discussed.

W. Clifford M. Scott.

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Luis Jaime Sánchez. ' Freud y las neurosis en todos los tiempos.' *Revista de la Facultad di Medecina, Universidad Nacional, Bojotá*, No. 5, November, 1936.

From an abstract of this paper which appears in the *Archivos Chilenos*

de Crimonologia (Vol. I, December, 1937) one gathers that it gives an account of the development of psycho-analysis from its beginnings down to recent times.

* H. Mayor.

Wm. McDougall. 'The Relation between Dissociation and Repression.' *British Journal of Medical Psychology*, Vol. XVII, No. 2.

In this paper McDougall puts forward the view that the term dissociation has been used indiscriminately to mean two processes essentially different and he would reserve the term dissociation as applying to one set of phenomena and apply to the other the term 'repression'. In support he puts forward a number of manifestations such as we should describe as conversion symptoms. He gives no examples of what he would describe as repression, but uses the term to describe manifestations of conflict.

He regards mind as being constructed of four systems or modes of growth. A logical structure, composed of two systems of growth :—

(*a*) By differentiation of original germs, relatively simple innately given mental dispositions; differentiations achieved and perfected by innumerable acts of analytic discrimination; and

(*b*) By occasional synthetic fusions of such systems achieved by acts of synthetic apperception. Thirdly, an historical structure which is a product of innumerable acts of association resulting in the formation of associative links or bonds. These are structural relations. The fourth is dynamic—an hierarchical system.

The first three systems, all of which he classes as associative, look very much like what we should call the ego. When this 'breaks down' we get dissociation. The fourth system looks very much like what we should call the super-ego, and when this breaks down we get disintegration, or if you like, conflict and repression, or perhaps a better term would be disharmony. He would reserve the term repression for cases in which the hierarchical system has intervened and suppressed a mental act.

This mental topography, it will be seen, excludes the unconscious and particularly the id, although it does seem to grant a measure of recognition to the super-ego.

Dissociation he speaks of as having a basis in cerebral anatomy while this does not apply to repression because the control of the hierarchical system upon the associative ones is a 'moral' one, similar to that of the hypnotist on the patient or the parents on the child.

The professor seems to be alarmed by the prospect that because Pavlov found he could induce conflict and localized dissociation in the dog, the Freudians would be compelled to discover the Œdipus complex in all dogs.

Mark Burke.

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Martin Grotjahn. 'Psycho-Analysis and Brain Disease.' *Psychoanalytic Review*, 1938, Vol. XXV, No. 2, pp. 149–164.

The article begins by giving examples to shew that the mental picture even of general paralysis may be changed by psychical means. The theme of this paper is that even during the paralytic process the inner life history of the individual can be understood by psychological methods. The somatic influence may cause the personality to react with a mental symptom to the injury to its integrity. The organic illness cannot be the explanation of the mental changes and there still remains the obligation to explain psychic symptoms by psychic facts. For example, it is known that a drunken person may become suddenly sober under emotional stress although the somatic condition is not altered.

The author differs from Schilder in that he believes that psychic causality is not the same as physical causality. This also brings up the questionable difference between cause and motive, since a motive has a quality of subjective meaning. The law of causality is evident only in the physical world. In the psychological world we do not deal with unchanging facts: e.g. a person is called 'normal' if well adjusted to reality, but this is an ever-changing relation.

If there is a psychic reaction of the personality to the so-called influence of the organic sphere, we can explain juvenile general paralysis in psychoanalytic terms. In this disease there is the opportunity to study the race between the paretic process and the development of the juvenile personality. Dementia occupies a prominent position and is accompanied by a change in the child's behaviour. The child loses initiative and self-confidence and turns to younger playmates. The change is accompanied by a preconscious foreboding of severe illness. There is often a short severe depression with desperation and anxiety. This early warning is often felt during the Œdipus situation and is accepted as punishment for masturbation. At the beginning of mental change depression increases and is related to withdrawal of the parents' love and a change in attitude of teachers. Probably every child develops a feeling of guilt in this setting. Even children who become euphoric show underlying depression.

The malarial treatment gives the child psychic relief. The fact of illness is acknowledged. The fever and chills satisfy the need for punishment and the attention and gifts of love prepare the child for remission. The illness has hampered the development of the personality; the fever treatment offers a basis for the self-realization of the mature personality. When the patient gains courage and initiative, the remission is more complete and subsequent maturity of the personality occurs. The prognosis in children whose illness begins after fourteen is better than in younger ones, because the final fight with illness is at a higher level. Adult

paresis has a better prognosis than juvenile because of the maturity of the personality.

A second fever cure is seldom followed by the psychic success of the first because it cannot impress the patient as dramatically.

From the author's cases he concludes that serological success in juvenile cases only slightly differs from that in the acquired disease, but remissions are less frequent in the former. One can predict the outcome from the psychological study better than from the serology.

An analysis of the anxiety reaction to the somatic situation is important. If the fact of illness is known, the destructive danger is recognized to have its origin in the outside world. It is a ' realangst '. There is also a super-ego anxiety, and this can be neutralized by the punishment of treatment. In the adult paretic the super-ego anxiety is greater. This fact may possibly explain why the juvenile case seldom shews true psychotic regression.

Clara Thompson.

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Dreams

M. Boss: ' Psychopathologie des Traumes bei schizophrenen und organischen Psychosen ' (Psychopathology of Dreams in Schizophrenia and Organic Psychoses). *Zeitschrift f. d. ges. Neurolog. u. Psychiatr.*, 162, Bd. 3 : 459–494 (1938).

Since Freud gave in his *Interpretation of Dreams* the first scientific basis for the psychology of dreams most of the psycho-analytic work has been devoted to the confirmation of Freud's original conception in the form of case reports taken from the analysis of neurotic persons and children and observations about the dreams of primitive tribes.

Recently the dream problem has been approached by analysts from new angles, for instance, the influence of the ego in the formation of dreams has been studied and analytic knowledge and theories have been applied to cases with brain tumours in order to get more insight into the problem of sleep. Another new and promising research has been started by the Swiss analyst, M. Boss, Schloss Knonau, who published recently a paper about the psychopathology of dreams in schizophrenia and organic psychoses. This paper, published in the German language in a journal not accessible to many psycho-analysts, is worthy of reviewing in detail.

It may be pertinent to give a short outline of some observations and publications which are devoted to the same problem, and which form the background of Dr. Boss' recent publication. The main work about dreams in epileptics, hypophrenics and alcoholics was written by Sante de Sanctis. He summarized his dream investigations in ninety-one epileptics with the statement that during states of cortical irritation the frequency,

variety and vivacity of dreams is increased. The generalized convulsions, however, especially if they are violent, frequent and of long duration lead to a contrary effect in that the frequency of dreams decreases. This is so constant a symptom that it may be used in the differential diagnosis towards hysteria in which the number of dreams does not decrease. Epileptics dream mostly about painful and horrible things, also about flying and falling down.

The same author studied the dreams of sixty feeble-minded grown-ups and eighty imbecile children. In only one-fourth of these 140 patients could dreams be found. They dreamed about little unimportant happenings, of pleasant discussions with parents or nurses. Very frequently their dreams were like a picture, shewing landscapes and similar objects. Only seldom are the different parts of the dream connected forming a more or less fantastic adventure story. The feeble-minded children begin to dream much later than children of normal intelligence.

According to Sante de Sanctis the dreams of alcoholics may be recognized by some significant features. He investigated thirty-five alcoholic patients and found that the use of alcohol increased the number and vivacity of dreams. Many alcoholics talked during their sleep. Their dreams are fantastic and very often animals are used as means of symbolic expression. Usually the emotional reaction of the dreamer is terror. The alcoholic delirium begins frequently in the sleep and is continued in the awakened state, and again carried on without interruption during the sleep. Also the delirium ends frequently during a prolonged ' terminal sleep ' and the delirious patient later on cannot differentiate the content of dreams from delirious experiences.

The psychopathology of dreams in organic, schizophrenic, and manic-depressive psychoses is seldom studied. Herschmann and Schilder call attention to the fact that in severe melancholiacs dreams are often accompanied by feelings of happiness and pleasure. Such ' contrast dreams ' could not be observed during the manic period. When the patient at the end of his manic period begins to report depressed dreams this is often the sign that he is changing from his manic period to a depressed phase, which is expressed in his dream only.

Besides some cursory reports about dreams of schizophrenic patients only L. Sussmann has made a systematic investigation of 110 dreams of schizophrenic patients. Two-thirds of these dreams shewed a severe lack of contact apparent in the feeling of loneliness or being separate, or being dead. Very often identity could be established between the content of the dream and the content of the paranoid system.

Hitschmann shewed in his paper ' Contribution to the Psychopathology of Dreams ' some general features in the dreams of neurotics. He found that the frequency of dreams about nudeness or incomplete clothing are

typical of the timidity neurosis. Dreams about examinations are characteristic of impotence and frigidity. Compulsive neurotics dream about the death of relatives, and dreams about frequent failures are significant for the masochistic character.

The research of Boss is signified by two outstanding facts, which make a tremendous advance over previous work. First he studied mainly the dreams occurring in psychoses which until now have been neglected. Secondly, he used his psycho-analytic knowledge of dreams and compared the dreams of psychotics with more normal material. Besides this Boss did not only compare the dreams of one person with the dreams of another, but he collected long series of dreams of the same person ; before the onset of the psychosis, during the psychosis during a course of many years, during a therapeutic and a spontaneous remission. The 620 dreams of schizophrenic patients come from 150 patients ; 50 of these were hebephrenics, 38 paranoiacs, 62 catatonic patients. The 200 dreams of patients with organic psychoses are distributed between 21 cases with senile dementia (90 dreams), and 3 patients with arteriosclerosis (12 dreams), 12 cases of general paresis (87 dreams), and 4 patients suffering from Korsakoff's syndrome (11 dreams). For some patients the author describes series of 20 dreams covering a period of 30 years.

Dreams of Schizophrenics

Even the most experienced psycho-analyst who would look into all the material gathered by Boss could not decide definitely, in at least a third of the dreams, whether they were produced by psychotic or non-psychotic persons. The dreams are strictly censored. Intolerable strivings are hidden behind harmless manifest symbols. The ego reacts with anxiety if the censorship is broken down temporarily. Condensation, displacement, transformation of thoughts into the pictorial language of the dream, the secondary work in the dream content, form of expression and degree of sexual and aggressive strivings may be found in many dreams of schizophrenics and in non-schizophrenic persons alike.

A series of dreams over a long period of time, however, shews some significant features. The weakness of the ego is more and more apparent, and the dream censorship disappears slowly, so that after a long duration of the schizophrenic process dreams are often without any disguise. Dreams which would be reacted to by normal persons with tremendous fear and anxiety do not cause these emotions in the well-advanced schizophrenic. There is no sign of an ego-defence or reaction against such uninhibited breaking through of the instincts. The dreams of hebephrenic patients are characterized by their sexual component ; in catatonic patients by their aggressiveness, in paranoid patients by their homosexuality. If such relations could be supported by more observations, it

would be interesting to compare the hebephrenic with the hysterical, the catatonic with the compulsive neurosis, and the paranoid schizophrenic with the homosexual, narcissistic character neurosis. The dreams of psychotic persons shew incomparably much more often severe destructive and sadistic tendencies than the dreams of a neurotic or normal person.

Independent of the nature of the remission, which may be spontaneous or may occur after shock treatment, the patient usually does not speak about his dreams during the beginning of a remission. It is questionable whether this is caused by a real decrease in the frequency of dreaming or in a change of the transference situation. However, if the remission is of longer duration then dreams slowly begin to appear again. They are pleasant, with a strong tinge of reality, but usually short and ' harmless '. It is always a bad sign if schizophrenics who seem to improve tremendously after shock treatment continue to produce dreams as before the ' remission '. All of Boss' patients who did not change the type of their dream after shock treatment could not keep up their remission.

In cases of well-advanced schizophrenic processes dreams are reported more seldom and are poor. If at all, the patients report about these dreams in the form of matter-of-fact statements without details, without reality contact, with the typical certainty of a psychotic conviction. The patient sees himself as Napoleon, nothing else happens. He just knows it. Other patients were ' eating up the mother ' or ' being cut to pieces ' by their physician. Illusions and paranoid systems are often continued during sleep. Contrast dreams are rare and they may be similar to the dreams of normal persons in trying situations of deprivation. It is certain that such contrast dreams cannot be taken as favourable for the prognosis as is sometimes done.

There seem to be two kinds of dreams which are characteristic of schizophrenics. During the course of an acute schizophrenic period the so-called ' traum-drängen ' (' dream-montage ') may be observed. One patient saw before his eyes as on a screen in a time which he thought may have been not more than half a minute, the gardener with his shovel, the physician with a book, a package of letters with envelopes, a running deer, a cow, a coal fire, the shadow of a forest, a milk-wagon, two bums, a collection of cactus, a wood-pile, music prints, fish in a river, a burning lamp, an aquarium, a certain crucifix, a cage for rabbits. As in a stage of physiological over-fatigue, this rapid change of dream pictures is a symbolic expression of the patient's desperate attempt to grasp reality, to establish new object relations and to escape the loneliness of his autism. It is also characteristic of many schizophrenics to react to similar attempts for attachment with tremendous anxiety. The content of such dreams seems to be harmless, but they respond with horror and panic. For instance, one patient dreamed that a nurse came to her bed and moved the pillow, and

she awakened with great terror. It is the strong feeling of reality in such dreams which the patient had not experienced for a long time overtly which shocks schizophrenic patients so much more than anything else. Similar experiences are felt in the dreams of frustration. For instance, in dreams in which the patient sees a beautiful landscape but there are always reasons why he cannot enter it. Or, he tries to pick wonderful flowers which always disappear when he tries to touch them. Still oftener schizophrenic patients experience a feeling of loneliness and the lack of contact and isolation in their dreams. On other occasions dreams seem to be empty, difficult to describe without detail, without object. Nothing happens, the dreamer does not even feel the emptiness. This lack of contact and incomplete relation to the object is apparent in the same lack of relation to the patient's own ego. It is not unusual for a schizophrenic patient to see himself in a dream as a pencil clasped between books or as a big knife in the wall of his room. It is also possible and probably pathognomic for the schizophrenic patient to dream in detail about his own death, whereas if a normal person dreamed about his death or execution he usually awakens before the experience of the end.

If a schizophrenic hears voices in his dream which he also hallucinates in his awakened state he usually awakens immediately, even though he has been sleeping rather deeply. Another significant feature of schizophrenic dreaming is the ' endoscopic dream ', which is closely connected to the functional phenomena described by Silberer, which are considered to contain no symbolization of unconscious material but mainly a ' functional ' symbol, a picture of the dreamer's present mental stage. In the case of schizophrenic endoscopic dreams the dreamer's attitude towards his own psychosis or the psychosis in itself is pictured. A young schizophrenic man dreamed shortly after he had passed his college entrance examination and shortly before taking passage to America and three weeks before the onset of his schizophrenic period that he was on board a boat, that the boat was damaged and sank, that the water came into the boat, into the patient's lungs, that he lost consciousness, saw his corpse and the air coming out of his mouth, and he knew that he was dead.

Taken altogether the reader of Boss' dream report has the same impression as if he had seen drawings or pictures by schizophrenic patients, which seem to be a dream reported by other means. They would not impress the reader so much if he did not have a certain feeling that they are somehow closely related to the everyday expression of his own unconscious in his dreams.

Dreams in Psychotics with Organic Brain Disease

The outstanding factor in the psychopathology of dreams in psychotics with organic brain disease is the decrease in the frequency of dreams.

Frankly demented organic cases do not dream for weeks and months. During the onset of the sickness, however, general paretics especially speak about an increased frequency of dreams. They have in common with the schizophrenics the numerous endoscopic dreams, experiencing in more or less hidden form their own defects. Such unconscious insight may be observed even in manic and severely demented persons. Pathognomic for paretics is the tremendous decrease in the efficiency of the dream censorship, apparent in frequent incest dreams and dreams about unhidden forms of instinct satisfaction.

Patients with senile dementia or cerebral arteriosclerosis dream often about different kinds of anal pleasure. The majority of dreams (more than 70 per cent.) of Boss' examples shew form and content of dreams as in little children as short, primitive, harmless, direct wish fulfilment, occasionally some anxiety. Very often the organically sick patients dream about their return into the paternal environment and about their own being little again. The dreams are often very detailed and picture with love and carefulness the environment; the unhidden, chaotic destruction of the schizophrenic dreams has never been observed.

Because of the many new details about the psychopathology of dreams as described by Boss, the basic fact has been established beyond doubt that the dream is changed but little from the original pattern. Degree and form of the dream censorship may change. The infantile wishes, the main fact of the primary process, and the economic function of the dream will remain unchanged. The unconscious strivings are timeless and impersonal. This is demonstrated in the analysis of the dreaming of schizophrenics and neurotics, of children and persons of old age, of highly civilized and cultured people and of primitive tribes, and even in the dreams of the analyst himself.

The sucking movements in the new-born infant during sleep present probably the most primitive form of dreaming insofar as in them the hallucinatory wish fulfilment with the purpose of prolongation of sleep is already included,[1] and the same biological function of the dream is apparent in the dreams of analysed persons, as investigated by Ella Freeman Sharpe.[2] Infantile wishes are actively striving for expression in the analysed person as in any other, even if they do so in general in a less dramatic form than in a neurotic or psychotic patient. The dream content is less disguised: animals as symbols of the dreamer are seldom employed and the main change is not in the dream but in the attitude of the dreamer towards it.

Martin Grotjahn.

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[1] Benedek, Therese: 'Adaptation to Reality in Early Infancy.' *Psychoanalytic Quarterly*, April, 1938, Vol. VII, pp. 200–215.

[2] Sharpe, Ella Freeman. *Dream Analysis: A Practical Handbook in Psychoanalysis.* (New York, W. W., Norton & Co., 1938.)

Children

Sophie Morgenstern. ' Das magische Denken beim Kinde.' *Zeitschrift für psychoanalytische Pädagogik*, 1937, Bd. XI, Heft. 2, SS. 102–118.

Starting from the proportionate size of people and objects to small children, Dr. Sophie Morgenstern gives plentiful illustration of the part played by magical thinking in children's psychical struggles with their environment.

* N. Searl.

Alice Bálint. ' Die Grundlagen unseres Erziehungssystems.' *Zeitschrift für psychoanalytische Pädagogik*, 1937, Bd. XI, Heft. 2, SS. 98–101.

Frau Bálint contrasts the state of affairs in (schematically) primitive peoples—the long suckling time and the clearly marked separation from the mother at puberty, an external event in which the whole community is concerned—with the private and internal nature of puberty in civilized communities, and the moral demand for life-long love to the mother after a much shorter suckling period. The child, she says, has thus to struggle against guilt feelings not only from the Œdipus complex, but also from his desire to leave his mother, while the mother has to struggle in the first place against her maternal instinct to suckle and keep the child and later against her desire to be free of him and turn her parental erotism to the next child. Two results are (1) the significance of individuality for our culture, (2) its increased fear of loss of love, into which Frau Bálint believes the castration fear passes. The mother's recognition of the child's individuality in his third or fourth year is a parting gift on leaving infancy with its lack of individuality ; it is a protection against fear of loss of love, and acts as compensation for the long-delayed adulthood.

N. Searl.

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Applied

C. M. Versteeg-Solleveld. ' The Cradle Song.' *Imago*. 1937, Vol. XXIII, pp. 304-329.

After studying thirty-seven collections of lullabies of all countries, ages and cultures, the author of the paper gives us an interesting account of the importance of this intimate situation between mother and child and its unconscious factors, but only from the point of view of the mother's mind.

The narcissistic love to the child is expressed in lullabies with the purpose of comforting the mother for what she has lost herself : youth, beauty and freedom. Another narcissistic idea with denying function : no mother looks after her child as well as I do announces hostile impulses towards the baby. Songs about the Virgin bring out the old wish to have a baby from the father.

The cradle song as the mother's wish to get rid of the sleeping child contains castration threats (the animals that will come and bite it) and death wishes (the little angel or star being protected in the cradle as in a grave or in heaven).

Ambivalence is shewn in the conception of the two fairies, the good and the bad one—in the displacement from Mother to Wind or angry wild animal.

The mechanism of projection is used to reassure the mother that she is the good one who protects her baby from monsters, bogeys and bad spells.

No manifest hostility of the father towards the child is being found in cradle songs. But when speaking of what he does out in the world, while mother takes her baby to sleep, one finds his aggression expressed in his hunting and shooting—but also his goodness in bringing nice food for the child. In this connection the author also deals with the mother's conflict between husband and child, both claim her care, baby shall go to sleep so that father can have her to himself. Surely a sufficient reason for the baby to stay awake and hence renewed promises and warnings in the lullaby. This makes it also clear that the naughty little child is the animal in the wood that the father goes out to shoot. A small step from here takes one to understand the songs that express the parents' anger with the child who only eats and cannot help yet in the struggle of life. So we get to the group of lullabies where the mother sings about her own death as an unconscious fear of retaliation.

This paper would lend itself splendidly as a background to child analysts' studies of the unconscious phantasies in the act of weaning. Surely the oral gratification of having the mother's voice instead of her nipple is one step to sublimation that the child has to achieve.

Eva Rosenfeld.

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Luis Jiménez de Azua. 'Valor de la Psicologia Profunda en Ciencias Penales.' *Revista Colombiana de Biología Criminal*, Año 1, No. 5, May–June, 1936, pp. 422–454.

This lengthy paper has at least the merit of being clearly written. The first section of it (pp. 422–440) is devoted to psycho-analytical theories of crime. The author retails at some length Alexander and Staub's views and Marie Bonaparte's analysis of Mme. Lefevre, while reference is also made to a number of other contributions, some of them by analysts and others by individuals whom the author evidently believes to be analysts (including Herr Coenen and Señor Camargo y Marin, who have had the status of psycho-analyst thrust upon them before). The second section deals with the theories of the individual psychologists. The author draws

on Hansel, Schneider, Aschaffenburg, Kretschmer and Mezger for 'criticism' of analysis in its application to crime and punishment. He himself accepts many—but not all—the objections they raise (a pity that such delicate discrimination should be wasted). His chief difficulty is the excessive importance assigned by analysts to the Œdipus complex. He prefers the doctrines of individual psychology which seem to him to offer a scientific basis for a socialist system of criminology and penology (as well as a more optimistic view of the possibilities of dispensing with punishment in dealing with criminals).

H. Mayor.

BOOK REVIEWS

The Basic Writings of Sigmund Freud. Edited by A. A. Brill. (The Modern Library, Inc., New York, 1938. Pp. 1001. Price $1.25.)

This volume follows the changing fashions from sets to omnibus collections. It is remarkable value for its low cost, both in quality and amount of contents. In 1,000 pages the editor, Dr. Brill, has included the whole of the following six books :—

Book I. Psychopathology of Everyday Life.
Book II. The Interpretation of Dreams.
Book III. Three Contributions to the Theory of Sex.
Book IV. Wit and Its Relation to the Unconscious.
Book V. Totem and Taboo.
Book VI. The History of the Psycho-analytic Movement.

Moreover, Dr. Brill has contributed a highly interesting introduction of some 30 pages which gives a general account of the development of Freud's work and the expansion of that work in the United States. Dr. Brill, the pioneer of psycho-analysis in that country, has cast what he has to say in somewhat autobiographical terms, so that one can follow the development through the eyes of one who both witnessed it and has done so much to further it.

The translations used are Dr. Brill's own, though they do not exhaust the translations of Freud he has made, which include four or five other volumes. The book is well got up and has an excellent index.

E. J.

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Psychoanalyse Infantile. By Sophie Morgenstern. (Editions Denoel Paris, 1937. Pp. 109.)

It is evident from the way in which Dr. Morgenstern introduces her subject (p. 10, par. 2) that she is writing not so much for psycho-analysts as for a public not yet acquainted with the phantasy life of the child or the mechanisms by means of which he deals with his unconscious impulses.

Dr. Morgenstern's aim is to study the symbolism of the creations of the child's imagination, whether in the form of play, dreams or stories (original or selected), and especially those expressed in drawings, and she adds :—

' Nous étudierons ces creations surtout auprès de l'enfant nevrosé, et de l'enfant en difficultés avec son entourage dues aux troubles du caractère. Nous avons choisi cette voie d'étude car nous comprenons mieux nos propres manifestations psychologiques et celles de notre entourage après avoir acquis la connaissance des mecanismes psychologiques du nevrosé

et même de l'aliéné.' She amplifies and illustrates the connection made by Freud in 1908 between play, phantasy and artistic creation, though it is not clear whether she recognizes this relationship as among already-established psycho-analytic findings, or is acquainted with the work of child analysts in Vienna and in London, where child-analysis, based on this finding, has been carried on steadily since 1926.

Dr. Morgenstern shews that the child's games can be stimulated by the actual (generally the family) situations in which he finds himself, and she relates them to these. She also notes certain characteristics of the child at play which link his attitude towards reality with that of the schizophrenic and primitive man, and his activities with the practice of magic.

Dr. Morgenstern is to be congratulated on the wealth of material with which she illustrates the use of drawing as an aid to the solution of unconscious conflict as well as a means of diagnosing the relative severity of that conflict. Both the drawings themselves and the therapeutic results recorded as due to their interpretation are full of interest, not only for the child analyst, but for all those who are particularly engaged in the problem of the silent patient. The case of mutism (pp. 80–108) in a boy of nine years, is specially noteworthy. Apart from drawing, he appears to have had no means but gesture of communicating with his environment over a period of seven months, and as the result of the interpretation of his drawings (since it cannot be definitely assumed that the other, more drastic, methods tried contributed to the cure) his capacity for speech returned and considerable social development followed.

Although this case has been included in a book on psycho-analysis (presumably because interpretations of his drawings were given), Dr. Morgenstern would surely admit that a treatment which includes rewards (chocolate) for the overcoming of symptoms, punishment (being shut in a dark room for half an hour; cessation of treatment for a fortnight) forcible persuasion (enforced absence from his mother when she was ill and he was anxious about her) in order, by these more desperate aids, to induce the return of speech, cannot—even with the greatest latitude in the use of the term—be called psycho-analysis. One cannot but feel that a note to the effect that these activities are *not* part of psycho-analytic method, but opposed to it, should have been added so as to prevent the almost inevitable contrary conclusion on the part of the uninitiated reader for whom this book is intended.

Most of the children seem to have been taken from particularly unhappy family life and placed in a resident clinic, where the environment was more sympathetic than at home. It would have been interesting to learn from Dr. Morgenstern what part, if any, she considers this change of circumstance played in therapy.

Helen Sheehan-Dare.

Psychotherapy. By Paul Schilder. (W. W. Norton & Co., Inc., New York. Pp. 344. Price $3.50.)

For many years Dr. Schilder's position in the scientific world of neuro-psychiatry has been an outstanding one. Years before his leaving the Vienna Clinic his contributions to organic neurology, to psychiatry, to philosophy, and to the many borderline states all stamped him as an individual of exceptional qualifications and his coming to be Clinical Director of the new Bellevue Psychiatric Hospital was considered by most as a rare bit of good management on the part of Dr. M. S. Gregory, then Chief of the Psychiatric Division at Bellevue. Time has justified in full measure this choice and a numerous and valuable collection of studies have come from Dr. Schilder and his associates in the hospital.

The present work on psychotherapy is one of his more recent and larger contributions and merits close attention and study and perhaps a little adverse criticism viewed from a strictly orthodox psycho-analytic viewpoint. Schilder, largely because of his very thorough grounding in neurology, his early contacts with the Wernicke point of view in psychiatry, his own work on hypnosis, his psycho-analytic activities in Vienna with the Vienna group, has been an individual and not a rubber stamp. No matter what subject he has written upon he has something vital to say. His earlier ingenious and stimulating work on the ' Body Scheme ' shewed him as having a definite attitude towards psycho-somatic problems which penetrate deeply into all that he writes.

There is a refreshing definiteness about his attitude to psychotherapy which he would make a ' science ' with precise formulations and intelligent groundwork rather than the rather loose series of contacts known as an intuitive art. This accent we find salutary, especially since the inruption into the psychiatric field of the mob of social workers, clinical psychologists, psychological pedagogues and the riff-raff of charlatans and semi-charlatans all ready to ' clear up one's conflicts ', ' give one assurance ', ' overcome self-consciousness ', ' arrange unhappy marriages ', ' adjust marital relations ', ' straighten out the home ', ' manage behaviour problems ', ' clean out the jails ', ' stop the vicious habits ', etc., etc., with or without crystal balls, handwriting, I. Q. graphs, endocrines, all of which problems most appropriately belong to the field of a technically trained psychotherapeutist who is neither an extreme doctrinaire of the ultra-psycho-analytic type on the extreme right to the numerous placebo givers at the other extreme. ' Every ailment has a psychological element ', or as Socrates found the Thracians to hold that one had to treat the soul in order to get at the entire body. It is not enough to have a personality and intuition to be a psychotherapist. Like a surgeon, he needs knowledge and training. Even intuition is something that comes only from ' careful study, diligence and experience '. And since no surgeon can get from a

text-book alone the necessary pabulum for his practice, so also the present book is offered, not as a complete armamentarium, but as an introduction only. It is meant for the physician, the psychiatrist and not for the sociologist, pedagogue or dabbler in psychotherapy. Psychotherapy is the physician's job and the most intricate, delicate and important field in medicine.

Psychotherapy without psycho-analysis, ' il n'éxiste pas ' is the attitude taken by the author. Yet he would hold for himself a commendable attitude of ' inner freedom ' with reference to ' orthodox psycho-analytic codifications '. Certain of these we may have space to mention later.

The body of the work falls into eleven chapters. General Principles, Psychophysiological Relations, ' Irreversible ' Organic Disease, Mental Suffering, Making Others Suffer, Somatic Health, Psychic Health, Technical Tools, Patient and Physician Relationship, Systems, Treatment of Specific Neuroses, Psychopathies and Psychoses, which with bibliography and index fills 344 full octavo pages.

Space is not available to take up each chapter in detail. The reviewer can but point out certain preferences, certain deficiencies, agreements, disagreements, here and there. The chapter on organic symptomatology we find stimulating and worth while even if a trifle hasty in its expression, so also the chapter on mental suffering. The chapter on making others suffer is very fragmentary. Much more can be said along these lines to advantage as witness the many excellent novelistic and dramatic portrayals of such situations. Somatic health as an experience is rich in suggestive illustrations.

With Chapter VIII we get down to the technical tools of psychotherapy. These emphasized are discussion, advice, persuasion, appeal to will power, recital of the past, cathartic hypnosis, other hypnotic procedures, free association, play technique, pictures, opinions of children, dream and day dream interpretation, small mistakes, early memories, ideologies, social adaptations, activity, hypnosis and suggestion, relaxation and concentration, occupational therapy and group therapy. We find them adequately and practically expressed.

In the chapter on the patient and the physician, the matter of the transference is also adequately stated. We cannot follow Schilder with reference to his disbelief in a didactic analysis, nor to us is his logic sound. Even if Freud was not analysed, if Bull and McBurney, the pioneer abdominal surgeons, were not advised *re* a ruptured appendix, or Cushing had to develop his technique alone, should all the followers be denied the advantages of what the pioneers have learned ? It seems quite petty to be told, as on p. 173, that the analysand may be too much imbued by the technique of his analyst, as an argument against the general trend of present-day insistence on psycho-analytic training. There are still defects

in this training, but they do not lie along the lines accented here. One can readily admit that in the early days of psycho-analytic training and even now that didactic analyses were and are far from perfect, but to us to depreciate the procedure *in toto* is ill advised and faulty. After being told that ' psychotherapy is a technical science, and that psycho-analysis is its highest form of expression ', Schilder's discussion here is feeble and clearly based on bias.

The presentation of the systems follows familiar lines. It is fairly sound. The phrasing, in places, is inadequate. Thus speaking (p. 181) on the duration of analytic treatment as ' long ', should be more carefully stated, according to the illness under consideration. The reviewer has seen certain ' hysterias ' clear up in a very short time—even ' one conversation ' and yet seen certain ' compulsion neuroses ' go down to their graves intrinsically uncured, even if much ameliorated. Schilder is too competent a psychiatrist to have this question of length of treatment so poorly represented, and he could have been more careful *re* the use of ' nosological ' categories. Adler's ' meagre biology ' is to us a just appraisal. Has Jung simplified anything in calling all energy ' libido ' ? Is his ' Aryan and Jewish ' psychotherapy just playing to the gallery ? The pages on Group Psychotherapy and the lengthy Questionnaires are very full, but this is a type of procedure which must be seen in operation. It cannot be described.

On the whole we vote in favour of Schilder's book. It has some excellent points. Its English could be improved in many places. The few or ' many ' points wherein he varies or dissents from Freud must be left for ' Time ' the final tester of truth. At present we are in favour of Freud on the Death Instinct and the Repetition Compulsion, although for the life of us we lack the phrases to support the opinion. Schilder while expressing dissents, here and there, rarely offers any convincing arguments to support his independence. He simply dissents.

Smith Ely Jelliffe.

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Man Against Himself. By Karl A. Menninger. (Harcourt Brace & Co., New York. Pp. 485. Price $3.75.)

This new volume by Dr. Menninger comes from the press a few months after the publication of the re-written edition of his unusually successful book, *The Human Mind.* In presentation, appeal and approach, *Man Against Himself* follows the construction of *The Human Mind.* The latter's familiar style and occasional over-emphasis seem permissible in a book designed to acquaint the general public with diverse aspects of modern psychiatry. The quality, therefore, of the later book compels the reviewer to regard it either as a popular work, or as one dealing seriously with the extremely intricate hypothesis of the death instinct. The contro-

versial problem of the self-destructive impulses merits more accurate observation, scientific analysis and proof precisely presented. Because of the juxtaposition as illustrative material of unauthenticated newspaper accounts with some of the most penetrating psychoanalytic studies (often mentioned in footnotes), this book loses some of its potential value.

To readers of the INTERNATIONAL JOURNAL and other psycho-analytical periodicals, the author presents no new thesis (' Psycho-analytic Aspects of Suicide '—this JOURNAL, Vol. XIV, 1933—and ' Purposive Accidents as an Expression of Self-destructive Tendencies ', this JOURNAL, Vol. XVII, 1936). In the above and similar articles, Dr. Menninger has made valuable original contributions to and focussed much needed attention upon such important topics as self-mutilation, suicide, compulsive submission to surgery, malingering, etc. In these, as in his present book, Freud's theory of the struggle in the individual between destructive and constructive forces forms the basis for most of the content and interpretation. In accepting this theory to account for a great variety of mental and physical disorders, Dr. Menninger comes near equating the life-death instinct with Freud's previous pleasure-pain principle—for example, ' the inhibition of sexual function and pleasure would appear to be another form of functional focal suicide ' (p. 349). The diffuseness in the application of the principle of aggression turned against self often gives to the work a feeling of reiteration.

The psycho-analyst is apt to be disappointed in the failure of Dr. Menninger to give additional material and more profound studies to a subject to which he previously contributed so much of scientific value. The book, therefore, has fulfilled its popular aim satisfactorily, but in its psycho-analytic aspect it remains an amplification of the author's earlier work. Many reviewers in the lay press have commented most favourably upon Dr. Menninger's general thesis. However, the laity is not in a position to judge the validity of the application of the death instinct to the many situations mentioned by the author.

C. P. O.

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Concepts and Problems of Psychiatry. By Leland E. Hinsie. (Columbia University Press. Pp. 199. Price $2.75.)

In this informative book Dr. Hinsie has gathered the concepts of the various schools of thought prevalent in psychiatry to-day. About half of the book is devoted to psycho-analysis and the remainder to the psycho-biological approach of Dr. Adolf Meyer with a very brief *résumé* of the individual psychology of Adler and analytic psychology of Jung. While psycho-analysts will find in the section on that subject occasional statements and definitions to which exception might be taken, this portion as well as the remainder of the book provides a simple introduction to the

subject which should be very valuable to students and psychiatrists. In the chapter on statistical evaluation of psychotherapy one may question the concluding statement. ' When we examine the available reports of those institutions specializing in intensive psychotherapy applied to the psychoneurotic patient, it is apparent that different varieties of intensive work have but little difference in their ultimate effectiveness '. This opinion, however, is tempered in the final chapter where the author takes cognizance of the difficulties operative in the final evaluation of therapeutic measures, not only in psychiatric, but in general medical problems.

C. P. O.

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Adventures in Self-Discovery. By David Seabury. (McGraw-Hill Publishing Co. Ltd., London, 1938. Pp. 324. Price 10*s.* 6*d.*)

Adventures in Self-Discovery is a book based on the author's own psychic experiences. Seabury tries to shew that in order to get rid of a neurosis, or to change a personality, the most important step for the individual is to see that he has been going against his own nature. In order to make a fresh start he should thrust away tradition and his early childhood experiences and be his true self. He believes that there are moments of insight when the individual sees his difficulties so clearly that he can make an attempt to overcome them ; helped by this insight and by means of his will power he can then direct his energies towards creative living, as he calls it.

The earlier books on psycho-therapy were based on will power and faith ; Seabury has simply added what modern psychology now stresses, insight and understanding. He has applied parts of the psycho-analytical theory, making early childhood influences, even unconscious ones, responsible for neurosis, but he avoids the fundamental sexual theory of psycho-analysis. In this way he is able to build up an agreeable and popular form of therapy based on insight, will-power and faith. He does not seem to realize that will-power is powerless against the conflicts between sexuality and morality when once they have become unconscious, and that faith is seldom friendly to understanding.

Dorothy Burlingham.

*

The Troubled Mind. By C. J. Bleumel. (Ballière, Tindall and Cox, London, 1938. Pp. 520. Price 13*s.* 6*d.*)

In a short preface the author of this book indicates that his purpose in writing it is to present a description of nervous and mental disease in simple terms, and to state some original theories concerning the nature of these disorders.

In order to do the former, he has called to his aid an immense number of short clinical histories. There are many who have a great liking for this

form of description, but even the most avid seeker after illustrative material might well weary of such a succession. Particularly is this so since it is obvious that descriptive skill takes the place of any deep understanding of the mechanism of production of the fascinating symptoms so graphically presented.

The chapter on the Nature of Psychoneurosis, which, since little reference to them can be found elsewhere, presumably contains the ' Original Theories ', illustrates this well. A good start is made by stating that psychoneurosis is both an emotional and physiological disturbance, and that the patient must be considered as a whole, and not as a collection of isolated symptoms. Thereafter, however, the ' theory ' degenerates into a statement of the fact that people respond to stimuli in two ways, namely, to and from them. This platitude is dignified by new terms, the ' To-reaction ' and the ' From- ' or ' Stress-reaction ', which henceforth take all the blame—the word is used advisedly—for neurosis and psychosis. Little explanation is given of why the neurotic patient uses the ' From-reaction ', where reality suggests that the ' To-reaction ' would be more appropriate. No doubt an attempt to answer this question, in any other way than with the help of conditioned reflexes, would seduce the author away from the straight and narrow path of description into the byways of phantasy, and, as he puts it himself, into such fictions as the Œdipus complex.

If, however, the slight tedium of multiplication of illustrative case material is overlooked, the book is clear and dramatic, and should give to medical practitioners, for whom it is mainly intended, an excellent description of the many conditions, both physical and mental, that may be caused by emotional disturbance.

R. A. Macdonald.

✱

Personality in Formation and Action. By William Healy. (W. W. Norton & Co., New York, 1938. Pp. 9–204.)

This book shews child guidance at its best. The first chapter deals with material of personality formation. Healy makes the attempt to follow the development of a so-called normal successful personality. ' We see that the predetermination by the genes, the continuum of the self, the structure and functioning of the brain and of the body, the configurational determinants of the organism-as-a-whole, the principle of circular response, the enregistered influence of the physical and social environment, particularly in the emotional conditionings of the organism, form the materials out of which the patternings of personality are woven.'

The next chapter deals with the developing and emerging personality. Healy insists that for the scientific study of the personality mental testing is a prime requisite. It yields values equal to those of a physical examina-

tion. We learn something of the assets and liabilities for personality adjustment. However, intelligence is only a partial determinant of the personality structure and intelligence rating scales cover only a small part of intelligence. Healy has worked out the following scheme of personality characteristics. Dynamic: Energetic, intense, restless, animated, persevering, etc. *vs.* lethargic, quiet, listless, spasmodic, etc. Social: Gregarious, self-possessed, dignified, spontaneous, lovable, considerate, domineering, etc. *vs.* unsocial, embarrassed, crude, prim, antagonizing, self-seeking, submissive, etc. Emotional: Responsive, demonstrative, unstable, exuberant, etc. *vs.* unfeeling, stoical, steady, glum, etc. Ethical: High-principled, reliable, obedient, magnanimous, etc. *vs.* unscrupulous, deceptive, insubordinate, ruthless, etc. Intellectual: Clear-headed, reasonable, reflective, original, etc. *vs.* obtuse, short-sighted, frivolous, unproductive, etc. Sensory: Sensation-loving, gross, æsthetic, etc. *vs.* insensitive, ascetic, indiscriminative, etc. Economic: Thrifty, shrewd, generous, etc. *vs.* improvident, unpractical, penurious, etc. Belief: Credulous, conforming, etc. *vs.* sceptical, dissenting, etc.

The next chapter deals with the psychology of groups and the factors which influence the formation of groups. The rôle of the psychiatrist in industry is discussed. The last chapter deals with the difficulties of social kind which hinder the all-round development of the personality. 'There are pulp magazines and other pernicious periodicals, not a few cinema productions and certain radio programmes and portions of the material in our daily press, which exert on childhood and youth an influence of which the respective owners, managers or sponsors seem entirely oblivious.'

Healy's psycho-analytic training is obvious when one looks through the book. The psycho-analyst will be reminded that psycho-analytic knowledge based upon careful study of individuals should be utilized in the management of social problems.

Paul Schilder.

*

The Development of Children's Concepts of Causal Relations. By Jean Marquis Deutsche. (Oxford University Press. Pp. 104. Price 9*s.*)

It is always interesting to have careful experimental studies of data bearing on psycho-analytical theory. In this book Mrs. Deutsche has investigated children's views on causation, discussing amongst other matters the frequency with which ideas of magical causation are met with.

She invited 732 children between the ages of eight and sixteen years of age to tell her how they believed certain things to be caused. Some of the questions concerned little experiments like putting a candle under a bell-jar until it is extinguished; others inquired after such common phenomena as 'What makes the wind blow?' The questions were carefully selected,

the answers subjected to thorough statistical analysis and conclusions drawn with caution and intelligence.

After comparing her results with those of Piaget she rejects his seventeen types of causal relation in child thought for a simpler and more fundamental classification—into those which postulate a materialistic sequence for natural events and those which postulate a non-materialistic (or supernatural) sequence, such as magical and animistic explanations. Her analysis of the children's answers into these categories is particularly interesting. Some problems such as ' Why do balloons go up in the air ? ' were invariably solved by reference to materialistic explanation, whilst others, such as ' What makes the snow ? ' gave rise to much ' animistic ' or supernatural speculation. Curiously enough, this was just as frequent amongst the older children as the younger, and Mrs. Deutsche shews conclusively that the ideas of causation of children between eight and sixteen do not develop in stages, as Piaget postulates, but that the type of response is determined more by the nature of the question than by the age of the child.

This raises the question of the frequency of supernatural explanations. Mrs. Deutsche found it far less frequently than Piaget, and appears very doubtful of its importance. Since over 80 per cent. of the answers given at the age of eight were materialistic, she concludes that supernatural and animistic explanations have ' pretty well disappeared by the age of eight years, if they ever existed '. A subsidiary investigation of thirteen children of five and six gave similar results, only 20 per cent. of the answers implying supernatural causation.

Psycho-analytical observations on the prevalence of the belief in magic and the omnipotence of thoughts do not bear out these conclusions and make one wonder whether Mrs. Deutsche would not get very different results if she chose different questions, using especially ones which involved emotional situations. For instance, the great majority of children would probably give a materialistic answer to the question, ' Why does a rotten plank-bridge break when you walk across it ? ' But, as Piaget shewed by implication, many children of seven and eight believed that a supernatural being was responsible when the question was asked in the form : ' If a little boy has stolen some apples and, whilst running away over a rotten plank-bridge, the bridge breaks and he falls in, what makes the bridge break ? '

It would be very interesting if Mrs. Deutsche were to investigate this question further. It is clear that the present study, whilst being a notable step to the solution of these problems, leaves much ground still to be explored.

John Bowlby.

*

The Fear of the Dead in Primitive Religion. By James George Frazer. (Macmillan & Co. Ltd., London, 1936. Pp. 323. Price 10*s.* 6*d.*)

This is the third and concluding volume with this title. Sir James Frazer draws no conclusions at all from the extensive material he has presented in the book and simply adds the following paragraph to the material.

' Our survey of the facts, imperfect as it necessarily is, must here end ; but enough perhaps has been said to convince us that fear of the spirits of the dead, whether men or animals, has haunted the mind of primitive man from time immemorial all over the world, from the Equator to the Poles, and we may surmise that the same fear has gone far to shape the moulds into which religious thought has run ever since feeble man began to meditate on the great mysteries by which our little life on earth is encompassed.'

There is nothing, therefore, for a reviewer to say except to pass the usual eulogy on the author's style and to express once more our gratitude for the invaluable material he has placed at our disposal in such a convenient form.

* E. J.

Out of My Life and Work. By Auguste Forel. (George Allen & Unwin Ltd., London, 1937. Pp. 352. Price 16*s.*)

This is an unusually interesting autobiography, written with honesty, candour and perhaps a little naivety. Forel had certainly a great personality, one which remains vivid in the present writer's memory, and he had many claims to be regarded as a great man. He was a leading cerebral neurologist, being incidentally the first man to cut a section of the human brain and the first to propound the neurone theory, a distinguished psychiatrist, whose books on suggestion and sexuality won him a wide reputation, a fearless administrator and social pioneer ; last, but not least, he was one of the greatest entomologists of his time, being pre-eminent in the field of myrmecology. He rebelled vigorously against many of the shams and the weaknesses of human nature which he encountered on his path and left an enduring mark on the life of his native country, where his fight against alcoholism and against prostitution gained him many enemies.

When he encountered psycho-analysis his pioneer days were over and he was fighting then only for settled convictions. Moreover, his capacity for psychological insight was decidedly limited, his spare mental energies being taken up with combating what was evidently a chronic cyclothymia. He therefore brushed it aside as one more of the pieces of nonsense he had encountered in his life. In connection with the meeting of the International Union for Medical Psychology and Psychotherapy at Zürich in 1912, where he presided, he writes : ' The Freudians with their usual vanity and

presumption, talked a lot of preposterous nonsense, but were sharply rebuked '. It is true that the President on that occasion shouted us down, but some day I may have the opportunity of relating an amusing anecdote about the meeting that will illustrate the reverse side of the matter.

The autobiography is vividly written and is unusually revealing. It is very well worth reading as the story of an exceptionally sincere and upright man.

The translation has been on the whole well done, but we note the following mistakes: ' separate impressions ' for ' reprints ' (p. 85); ' Rhine ' for ' Rhone ' (p. 21), and ' calligraphy ' for ' hand-writing ' (p. 31).

E. J.

*

Philippine Pagans. By R. F. Barton. (George Routledge & Sons Ltd., London, 1938. Pp. xxi + 271. Price 15*s.* net.)

The ultimate material of social anthropology is always the same: the individual with his customs and beliefs. But anthropologists nearly always abstract their material from its setting before publishing their results. By abstracting the customs and beliefs from the individuals in one tribe, they give us a picture of a single culture. By further abstracting certain elements from many cultures, they give us a comparative study of some single custom or belief. Mr. Barton, however, departs from the usual rule, and gives us his raw material untouched. Instead of the abstracted customs and beliefs we usually expect, he gives us the detailed autobiographies of three individual Philippinos.

The result is an extremely vivid picture, not only of these individuals, but also of their culture. Some of its elements, for instance the extended incest taboos, the solidarity of the kinship group and the blood feuds with other groups, are general characters. Others are more specific: for instance, the great importance of omens and of betel chewing. Before marriage or divorce, an avenging raid, or other enterprise, a chicken is killed and its bile inspected by the priests. If the bile is bad, calamity will surely overtake any one rash enough to persist in the project. To give or to receive betel nuts is the invariable method of establishing or renewing friendship. If anyone, however politely, refuses your betels, or denies having any if you ask him for them, you must look out for spears at night. If it is a man, he has a secret grievance against you. If it is a woman, she will certainly complain of your importunity to her husband.

In the sexual sphere, before marriage there is little restriction and less privacy. Unmarried girls sleep together in special huts, where they are freely visited by their lovers, who often hunt in couples. But there is a certain amount of hostility between the sexes. For, while the young man usually desires intercourse on a promise of marriage, which he intends to break, the young woman is always afraid of being cheated and often asks

for her chicken (equivalent to an engagement ring) in advance. If the young man, instead of bringing his chicken, tries to rape her in her sleep, she may combine with other girls to catch him and tickle him till he faints. But once they do get married (and sometimes the girl who least bothers about her chicken gets married first) they seem to live happily, and fairly faithfully, together—although divorce is common, especially in the case of sterile marriages.

Like all autobiographies obtained without psycho-analytical assistance, the early memories in these are very incomplete, and no doubt there has been some ' secondary elaboration ' even of the later episodes.

But they remain of the greatest interest, especially to psychologists. It is to be hoped that Mr. Barton's example will soon be followed by other field workers.

* Roper Money-Kyle.

The Folklore of the Jews. By Angelo S. Rappoport. (The Soncino Press, London, 1937. Pp. 276. Price 10*s.* 6*d.*)

This would appear to be the only book in which all the detailed fragments of Jewish folklore have been collected. It is, therefore, a book of considerable documentary value.

The material is grouped under usual headings, such as ' Folklore Medicine ', ' Birth, Marriage and Death ', ' Demonology ', ' Man and the Parts of His Body ', etc. The author has an interesting discussion on the characteristics of Jewish folklore, raising the double question of the extent to which it has influenced Jewish religion and the extent to which this has influenced the folklore. He concludes that the former process has been very slight, but the latter important. In other words, the distinguishing feature of Jewish folklore is the way in which monotheistic beliefs have permeated folkloristic beliefs.

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
EDWARD GLOVER, GENERAL SECRETARY

I. Clinical Essay Prize

Members and Associate Members of the International Psycho-Analytical Association are reminded that competitors for the Clinical Essay Prize must send in their work to the Hon. Secretary of the Institute of Psycho-Analysis, 96 Gloucester Place, London, W.1, by March 31, 1939.

The conditions governing the competition are recorded in Vol. XVII, Part 1, p. 139, of the International Journal of Psycho-Analysis.

S. M. Payne,
(*Hon. Secretary*).

II. Sigmund Freud Fellowships

The Boston Psychoanalytic Institute announces three Sigmund Freud Fellowships in Psychoanalytic Training, to begin September, 1939. The Fellowships are open to graduates of a Class A medical school, who have had at least one year general hospital training and two years' work in psychiatry. Applications must be in before February 1, 1939.

For further information, write to Dr. M. Ralph Kaufman, Chairman of the Educational Committee, 82 Marlborough Street, Boston, Massachusetts.

III. Bibliographical Centre for Psycho-Analysis

The Bibliographical Centre for Psycho-Analysis, which was founded in Vienna in 1936, has been removed to London, its address there being that of the Institute of Psycho-Analysis, 96 Gloucester Place, W.1. It was fortunately possible to transfer a great deal of the card index material with it and the Centre now has at its disposal the unsurpassed library of the Institute of Psycho-Analysis, London. Arrangements have also been made for interchange investigations with other large libraries, notably those of the Royal Society of Medicine, the Royal Anthropological Institute and the British Psychological Society. Drs. Bibring and Kris have been appointed Joint Secretaries and a large staff of collaborators from various countries of the world have been assembled.

It has been decided that no charge be made for inquiries, with the possible exception of specially extensive ones. Psycho-Analysts, therefore, now have this valuable institution at their disposal and may also notify their friends of its existence. It is hoped that it will prove one of the most

valuable organs of the International Psycho-Analytical Association and be of great assistance in co-ordinating the work done in different countries and languages.

Ernest Jones,
(*Director*).

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CONTENTS

ORIGINAL PAPERS

PAGE

H. NUNBERG. HOMOSEXUALITY, MAGIC AND AGGRESSION 1

MELITTA SCHMIDEBERG. INTELLECTUAL INHIBITION AND DISTURBANCES IN EATING 17

GEORGE W. WILSON. THE TRANSITION FROM ORGAN NEUROSIS TO CONVERSION HYSTERIA 23

FRANZ ALEXANDER. REMARKS ABOUT THE RELATION OF INFERIORITY FEELINGS TO GUILT FEELINGS 41

M. N. SEARL. A NOTE ON THE RELATION BETWEEN PHYSICAL AND PSYCHICAL DIFFERENCES IN BOYS AND GIRLS 50

LEO STONE. CONCERNING THE PSYCHOGENESIS OF SOMATIC DISEASE: PHYSIOLOGICAL AND NEUROLOGICAL CORRELATIONS WITH THE PSYCHOLOGICAL THEORY 63

ERNST KRIS. EGO DEVELOPMENT AND THE COMIC 77

SHORT COMMUNICATIONS

EDWARD GLOVER. A NOTE ON IDEALIZATION 91

HENRY J. WEGROCKI. A CASE OF NUMBER PHOBIA 97

ABSTRACTS

GENERAL 100

CHILDREN 103

APPLIED 105

BOOK REVIEWS

INHIBITIONS, SYMPTOMS AND ANXIETY. By Sigmund Freud 109

THE EGO AND THE MECHANISMS OF DEFENCE. By Anna Freud 115

THE HUMAN MIND. By Karl A. Menninger 146

ENCYCLOPÆDIA OF SEXUAL KNOWLEDGE. By A. Costler, A. Willy and others, under the general editorship of Norman Haire 147

ANALYSIS OF MARRIAGES. AN ATTEMPT AT A THEORY OF CHOICE IN LOVE. By L. Szondi 147

WHAT MAN HAS MADE OF MAN: A STUDY OF THE CONSEQUENCES OF PLATONISM AND POSITIVISM IN PSYCHOLOGY. By Mortimer J. Adler 151

NEW LIGHT ON DELINQUENCY AND ITS TREATMENT. By William Healy and Augusta F. Bronner 155

LA CONCEPTION INDUCTIVE DE LA VIE. By Enzo Lolli 156

COMING INTO BEING AMONG THE AUSTRALIAN ABORIGINES. By M. F. Ashley-Montagu 156

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

AMERICAN PSYCHOANALYTIC ASSOCIATION 158

BRITISH PSYCHO-ANALYTICAL SOCIETY 159

CHICAGO PSYCHOANALYTIC SOCIETY 160

PSYCHOANALYTIC STUDY GROUP OF LOS ANGELES 161

DANISH-NORWEGIAN PSYCHO-ANALYTICAL SOCIETY 161

DUTCH PSYCHO-ANALYTICAL SOCIETY 162

FRENCH PSYCHO-ANALYTICAL SOCIETY 162

GERMAN PSYCHO-ANALYTICAL SOCIETY 163

STUTTGART PSYCHO-ANALYTICAL STUDY CIRCLE 164

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY 164

NEW YORK PSYCHOANALYTIC SOCIETY 165

PALESTINE PSYCHO-ANALYTICAL SOCIETY 166

SWISS PSYCHO-ANALYTICAL SOCIETY 166

VIENNA PSYCHO-ANALYTICAL SOCIETY 167

WASHINGTON-BALTIMORE PSYCHOANALYTIC SOCIETY 168

FOUR-COUNTRIES CONFERENCE 168

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